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Vol 3

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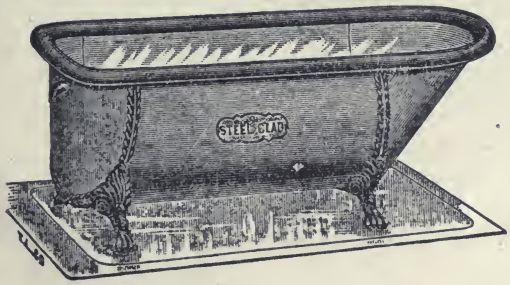

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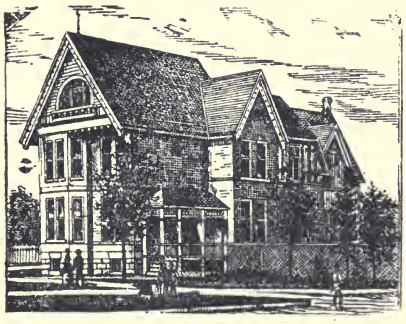

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VOL. III. TORONTO, JANUARY, 1896. No. 1.

Original Communications.

Diagnosis and Treatment of Chronic Suppuration of the Antrum.*

BY PRICE BROWN, M.D., TORONTO.

THE diagnosis of antral disease is frequently somewhat obscure, consequently a positive conclusion can rarely be arrived at upon the first examination. The presence in one nasal cavity of pus of a creamy color and possessing an unpleasant aromatic odor, while the other nasal cavity is free, is always sufficient to induce the impression that suppurative disease exists in one or other of the accessory sinuses.

The question is whether the disease is frontal, ethmoidal, antral or sphenoidal, and we must not forget that the muco-purulent discharge produced by the presence of polypi, associated with atrophic disease, sometimes simulates the pus of antral suppuration. Foreign bodies and rhinoliths may also give rise to a similar character of discharge.

Cleansing the nostril by mild sprays, and following this by the application of cocaine to the mucous membrane, will materially aid in diagnosis. Its astringent action on the blood-vessels will make the presence or absence of deep polypi certain; and the same truth will

*Read before the Toronto Medical Society, December 19th, 1895.

apply, in large measure, to foreign bodies of whatever character. Even after this, exclusion, to ascertain positively which of the accessory sinuses is diseasedi is not easy. Still, it is satisfactory to know that the large majority of cases of chronic sinusites are those of antral origin. Some consider the presence of a drop of creamy pus in the middle meatus, just external to the lower border of the middle turbinated, to be of diagnostic value. If the pus is further back, and visible in the posterior nares, it is likely to be from the diseased sphenoid. If further forward, in the neighborhood of the infundibulum, it may arise from the ethmoid cells or frontal sinus ; but in either of the latter the external orbit may likewise be affected, which is rarely the case in antral disease alone. When the quantity of pus is large, whatever its origin, it may extend to all these locations, and accuracy of diagnosis can only be obtained after thorough cleansing and shrinkage by cocaine ; then by bending the head forward the exit of the pus from the ostium semilunaris, beneath the middle turbinated, can often be verified.

In my own experience, however, a serious difficulty arises here. During the last three years I have not had a single case of antral disease which was not complicated with chronic hypertrophy of the middle turbinated, and, with one exception, I had good reason to believe that the hypertrophy was the cause and not the effect of the sinusitis. In every case the turbinated was bathed in pus, and the enlarged body so pressed upon the ostium maxillare that it was impossible to find it until, by operation, a section of the hypertrophic enlargement had been removed.

The neuralgias which arise from sinusites, wherever located, are not of much diagnostic value. Still, there is an uncomfortable feeling, a sensitiveness on pressure and a tenderness of the affected jaw in closing the teeth during mastication, which sometimes arises from antral disease, but not from suppuration of the other sinuses.

Moreau Brown, of Chicago, gives one sign in diagnosis which in my own experience has been of little value. He says that after cleansing the pus away by a pledget of lint, pressure on the facial wall of the maxillary sinus would produce its reappearance. The maxillary bone I found to be too dense to be influenced by any pressure which it seemed safe to make.

Irrigation is also recommended as an aid in diagnosis ; but it may be remarked that when the ostium is sufficiently available to admit of the introduction of the catheter, the pus can usually be seen issuing from it without the use of the instrument.

Perhaps the greatest aid to diagnosis is that of transillumination, introduced by Voltolini. It is of undoubted value, but the amount of

weight attached to it by different rhinologists varies very greatly. Gougenheim says that transillumination is often embarrassing. On using it he has found well-marked suborbital umbra indicating pus, and on opening the antrum found none, the darkening being produced by a thickened mucosa. Grant, on the other hand, thinks it may often be useful in a negative way. In several suspicious cases where pus was believed to be present, he found on transillumination the translucency so clear and perfect that empyæma of the sinus could be positively excluded and operation forbidden. These are only exceptions, however, and as a rule the use of the electric lamp in the mouth will induce an umbra of more or less density beneath the lower eyelid in every case of antral disease. Milligan tells us that he uses Voltolini's lamp in every suspected case, and that whenever it failed to produce a light zone beneath the eyelid and a red and luminous pupil, on opening the antrum pus had been found.

Greville Macdonald lays great stress on the fact that where we have suppuration with granulation tissue or polypi in the middle meatus, we can seldom be sure of the extent or severity of the disease. He says he has frequently seen cases where suppuration of the antrum was supposed to be the whole trouble, but in which it was afterwards proved that the ethmoid cells and the frontal sinus were just as seriously involved; while on the other hand, cases which had long been treated for so-called necrosing ethmoiditis turned out to be overlooked cases of profuse antral suppuration.

There is one other aid to diagnosis which has always received a certain amount of favor, that is exploratory puncture, either through the inferior meatus or the canine fossa. I have never seen a case requiring its use, and I doubt if it is often really necessary.

For several years I have used transillumination by the electric lamp in all cases of suspected antral disease, but I cannot say that the result was sufficiently marked to make the diagnosis positive by it alone in a single case. Although I have not opened an antrum without finding pus, still the umbra from transillumination was not marked enough, even with the darkened pupil added, to justify opening without the presence of more positive signs.

Treatment.—Bosworth tells us that "the essential features of the treatment of a case of suppurative disease of the antrum consists in opening the cavity for proper drainage, and subsequently its thorough cleansing and disinfection." In the latter clause all rhinologists agree. In the former they differ widely in their methods of procedure, while they unitedly accept as imperative the removal of any polypi, granulation tissue or hypertrophic condition of the middle turbinated which

might be pressing upon or obstructing the ostium semi-lunaris. The direct treatment of the suppuration may be conducted in one or other of the following ways :

1. By direct irrigation through the ostium maxillare. Garel of Lyons is the great apostle of this method of treatment. He claims that it can be accomplished in a large majority of cases, and that the antrum can be washed out regularly and completely without any artificial opening whatever. Out of forty-four cases, he succeeded by this method in twenty-eight, or 66 per cent. ; and of the twenty-eight, in only six did he require to resort to other treatment to obtain a successful result. The larger number were cured in a short time ; some of them by only a few days' treatment. The fluid used was usually a warm solution of boracic acid. He uses a Heryng's catheter, and inserts it, with the point turned downwards, between the middle turbinated and the outside wall. Passing the instrument upwards to a position above the ostium, he turns the point outwards and gently engages it in the mouth of the cavity. This requires careful manipulation, as the point of the catheter is in close proximity to the orbit. At the first washing the discharge is purulent and fetid, and sometimes caseous ; but before the irrigation is over the fluid returns from the nares perfectly clear. On each succeeding washing the pus decreases in quantity. After a very few, nothing comes away but a mass of gelatinous muco-pus, the water itself being quite clear. At each sitting the semi-solid mass discharged becomes smaller, and finally disappears—the patient being cured.

2. By opening through the inferior meatus, or Jourdain's method. Of this plan of reaching the antrum, Dundas Grant is a strong supporter. He claims that as the antrum communicates with the respiratory passages, and not the digestive, the more natural opening will be by the nose. After applying a 15 per cent. cocaine solution to the mucous membrane, he uses Krause's trocar and canula, penetrating the antrum through the wall of the inferior meatus. Withdrawing the trocar and leaving the canula *in situ*, he attaches to it the point of a syringe, and washes out the cavity with a warm solution of boracic acid, the fluid escaping through the natural opening. After each treatment the canula is removed. At the next sitting cocaine is again applied, the canula reinserted and the treatment repeated. Grant claims that although this treatment is somewhat difficult, yet the number of irrigations required being less than by the other methods will justify its use. Zeim of Dantzic, as late as October of this year, in a paper published in the London *Journal of Laryngology*, criticizes this method very severely. The difficulty of operating in this region, the

thickness of the naso-antral wall in many cases, inefficiency in drainage, and the impossibility of antro-irrigation, are among the points he emphasizes; and to these might be added the evil effects of a series of successive applications of cocaine.

3. By removing a tooth, if required, and opening into the antrum through the alveolus. This is Cooper's well-known method, and is warmly supported by such men as Zeim, Harrison, Milligan and Bosworth. When the teeth are sound Zeim condemns removal, and suggests perforating the antrum through the roof of the mouth in close proximity to the teeth, either between the second bicuspid and first molar, or between the first and second molars. The fact that the opening into the alveolus or floor of the antrum and the ostium maxillare are at the opposite ends of the same cavity, must be conceded as an advantage for purposes of irrigation, while the facility it affords for auto-irrigation should not be lost sight of. To keep the artificial opening clear, various silver and gold tubes have been devised for insertion during the period in which treatment would be required—the tubes to be attached by silver wire to the adjoining teeth, and plugged to prevent the entrance of food into the antrum. Zeim does not use tubes.

4. Desault's plan of opening the antrum through the canine fossa appears to be steadily gaining ground. It is claimed that the patient can treat himself equally well in this way as through the alveolus, and that it will frequently prevent the sacrifice of a sound tooth. A tube with plate to fit the adjacent gum can be retained just as well, or even better, than in the alveolus, and there is, if anything, less danger of the passage of food into the antrum. Some operators have gone much further in this direction. They chisel away enough of the external antral wall to admit of the insertion of the little finger, and thorough digital exploration of the diseased cavity. The antrum is then curetted and washed out, and packed with iodoform gauze. This is changed regularly, the cavity being open until thorough healing takes place. Still, although revived recently, this plan is not new, for we read of La Morier as early as 1740 treating a case successfully in this way.

5. The Robertson plan of combining the chiselling of the canine fossa with the perforation of the inferior meatus in one or two places has many exponents to-day. Scanes Spicer of London strongly favors this method as the only one securing thorough and effectual drainage in many of the most difficult cases. He makes large openings in both the anterior and the internal sides of the antrum, and these openings are intended to be permanent. He then irrigates

thoroughly with boracic solution, and follows this by packing the antrum tightly with creolin gauze. This is left in for forty-eight hours and then removed. No form of tubage or mechanical drainage is used, but the cavity is syringed out thrice daily with a similar warm solution. The patient is also directed to blow out the cavity frequently from the mouth to the nose, and also from the nose to the mouth. He claims rapid healing by this means, and although the perforations contract, they usually remain permanently open to some slight extent without producing inconvenience to the patient.

This multitude of methods of treatment of antral disease, all practised to-day by leading rhinologists, each one preferring his own special plan as the best, while utilizing one or other of the remaining ones in exceptional cases, seems to prove that the results are not on the whole as satisfactory as we would like them to be. A few cases are cured quickly. All are relieved, but the treatment requires to be carefully, systematically and persistently followed to obtain a good result. Often the routine has to be changed and more direct efforts applied, and even then a complete cure does not always follow. As the last four cases taken from my own case book differed materially from each other in several important points, I will close by briefly relating their history.

Case 1. July 27th, 1894. Mr. G. L., aged twenty-five years, lecturer. Operation by drill in the canine fossa for left antral disease. Previous history: Three brothers and mother had died of consumption. I had previously treated him for nasal polypi and hypertrophy of the middle turbinated on the same side, accompanied by a large amount of purulent discharge. The removal of the two former did not produce any material improvement in the latter. I then tried to wash the antrum through the ostium, but the result was imperfect, and as the teeth were sound I concluded to operate on the date mentioned in the canine fossa. After the operation I irrigated the cavity and then plugged the artificial opening with cotton wool until I could get a silver tube made to fit. On the tube a flange cap was attached to the lower side to fit the gum. This kept the tube from slipping into the antrum, while the upper lip pressing the surface of the flange, retained it in position. A plug in the tube itself was never found necessary. From the first the patient practised auto-irrigation successfully. The relief was marked, and the pus for a while diminished materially in quantity, but when winter came on it increased again. From time to time the drug used was changed. Am. mur., pot. chlor., perox. hyd., boracic acid were all tried in succession, each failing in turn to suppress the pus formation. Once during the winter I

enlarged the opening slightly and curetted the antrum, putting in a new silver tube in place of the old one. In May last, as I was afraid of the development of tuberculosis, I advised the patient to spend the summer in the North-west. This he did, faithfully following out the treatment during his absence. He returned in September much improved in weight and general health, but without apparent improvement in the antral disease. I removed the old tube, and again thoroughly curetted the antral lining, once more putting in a new tube similar to the previous one. This time I prescribed a solution of resorcin as a wash. The improvement has been very marked. The discharge has greatly decreased, and there is a probability of complete cure, though no positive certainty, as the case has now been in active and regular treatment for over seventeen months.

Case 2. July, 1894. Miss A——, aged about fifty years. Operation by drill in canine fossa of left side. She had been troubled for several years with left antral and ethmoid disease. The former could be traced to dental caries. To relieve her, a dentist at the time had removed all her upper teeth. He told her that she was suffering from disease of the antrum. Nothing positive, however, was done beyond this until she came to me for treatment, in 1893. I then removed part of the middle turbinated, and by liberating the ostium maxillare from pressure, together with the regular use of sprays, she was greatly relieved. The discharge diminished, and at times almost disappeared. It finally got worse again, and she came for further treatment in July, 1894. One reason for operating in the canine fossa in this case was the impossibility of an alveolar operation on account of the absence of the teeth. On the first irrigation a considerable amount of pus escaped through the ostium. The solution used was potass. chlor., about blood temperature. At each sitting the amount of pus discharged was less than at the preceding one. The patient was unable to perform the irrigation personally, and came once a day to the office for treatment. In the course of a month, by daily washings, the pus had entirely ceased issuing from the antrum, and in two more weeks the opening was allowed to close. A tube similar to that made for case No. 1 was used with this patient also. There was still some discharge from the ethmoid cells, of which the patient was relieved by the use of mild sprays. I saw her again in January of the present year, and there had been no return of the antral suppuration.

Case 3. April, 1895. Miss L. G——, aged thirty-three years; teacher; several members of her family had died of pulmonary tuberculosis. Has had catarrh of yellowish pus from left nostril for years. I found enlarged middle turbinated of left side completely

filling central part of nasal cavity, and pressing upon the septum as well as the outside wall. The enlarged body was bathed in creamy pus of that peculiar odor indicative of antral disease. On trans-illumination the umbra could be seen beneath the left lower eyelid. Although antral suppuration was evidently present, it took some time to sufficiently remove the turbinated to be able to irrigate successfully through the ostium. By June, however, the mucous membrane was healed, and on the 28th I washed out the antrum through the ostium semi-lunaris with a warm solution of resorcin. I used a Eustachian catheter, with the point bent to a right angle and attached to an ordinary rubber syringe. There was at once a very free discharge of offensive pus of a creamy color. The amount of fluid used at the time was nearly a quart, and before the whole of it had passed in and out of the ostium it was entirely clear of pus. 29th.—Irrigation repeated; fluid passed in and out freely, but contained less pus. 30th.—This time irrigation required more force; there was very little fluid pus discharged, but a number of small bodies resembling polypi were washed out. July 1st. —Removed with forceps a small slough from anterior border of ostium; washed antrum as before, bringing away some polypoid tissue with very little pus. After this I irrigated the antrum daily through the ostium with resorcin solution, with similar result. On the 8th, a very large mass, which I here present preserved in alcohol, was washed out, with absolutely no fluid pus. The accompanying microscopic slide is a section from the same. You will find on examination that it is not polypus at all, but consists of little else than a mass of pus cells, or what Garel calls a "mass of gelatinous muco-pus." Why under such circumstances it should assume such a peculiar form I will leave to the pathologist to define. In the case of this patient this was the last purulent discharge from the antrum. Although the cavity was washed out at intervals until the 25th of the month, nothing more came away; the antrum had been healed and treatment was discontinued. Three months later the patient returned, as there was again a slight discharge, though of a mucous instead of a purulent nature. It arose from a small angiomatous mass at the ostium, and on its removal, followed by two or three washes, the discharge ceased. With regard to the practicability of washing the antrum by the natural opening in this case, I may say that I inserted the point of the instrument in the reverse way to the one recommended by Garel. Instead of passing the catheter up to the ostium with the point downwards, as advised by him, I found that the best and easiest way was to slip it in with the point upwards until it reached the ostium, and then by turning it gently outwards to the angle of ninety degrees it became

engaged within the orifice. Several times before inserting it I applied cocaine solution on a pledget of cotton to the vicinity of the opening. Latterly I did not find it necessary to do so, as the operation could be performed without producing pain.

Case 4. June, 1895. Miss R. B——, aged twenty-five years; book-keeper; applied for treatment. For several years she had been troubled with severe nasal discharge from the left nostril. On examination the indications were very similar to the others in regard to the condition of the middle turbinated and the presence of pus; there was likewise slight umbra. Some time after reducing the turbinated enlargement I commenced washing the antrum through the ostium semi-lunaries, as in case No. 3, with solution of resorcin. This was continued daily until August 10th, but although the discharge diminished, it did not cease, and I decided to open the antrum—this time through the alveolus — the chief object being to promote auto-irrigation. A dentist removed the first molar, and after applying a 15 per cent. solution of cocaine within the alveolus, I opened the way into the antrum with a burr-drill. This, as in the other cases operated on, caused only slight pain. I made the opening pretty large, and after washing out the pus lightly curetted the inner surface of the antrum. I did not insert a tube, but directed the patient to wear a pledget of cotton in the cavity while partaking of food to prevent its entrance into the antrum. This she soon discontinued, believing it to be unnecessary. She, however, washed out the cavity regularly twice a day with a solution of boracic acid. For several weeks the opening easily admitted the point of the syringe; then on contracting a little, it was under cocaine painlessly enlarged again. During the three months in which irrigation was required this had to be repeated twice only. Latterly, as the pus diminished in quantity the washings became less frequent. During the early part of November the discharge entirely ceased, and before the end of the month the alveolar opening was allowed to close. Since then there has been no discharge whatever of pus from the nares.

In closing the history of these cases in private practice, it may be noted that three out of the four, or 75 per cent., were cured, with a fair prospect of a good result in the remaining case; and also the unusual fact that they were all cases of left antral disease.

Society Reports.

Toronto Clinical Society.

President, Dr. GRAHAM, in the Chair.

THE regular meeting, December 11th, 1895.

Orchidectomy.—Dr. E. E. KING presented a paper on Orchidectomy in Enlarged Prostate. The reader said that he had operated on five cases. The first case died from pneumonia on the third day. In the second case there was improvement within twenty-four hours, which continued. The third case recovered. The fourth he would refer to later in the paper. The fifth underwent removal of a portion of the vas deferens and was doing well. He said no satisfactory explanation had been given as to why this operation benefited these cases, but statistics proved that it did. As to the removal of a portion of the vas, in one of his cases it had proved satisfactory, but in the other the result remained to be seen. The reader then gave a description of the structure and the functions of the prostate. He discussed the various theories that are and have been held as to the causation of enlargement of the prostate.

Case 4. Patient aged sixty-five. Second wife living. Well until five years ago. At that time he began to suffer severe pain in both testicles when the bladder was distended. It disappeared after micturition. It was especially troublesome at night. The urine flowed copiously at intervals. Was treated by a physician for a time for diabetes, although he was not told that there was any sugar in the urine. He suffered from constipation and had attacks of nausea. The urine passed invariably after the bowels would move. About two years ago he began to suffer from pain in the end of the penis and over the pubic region. There was a stinging pain at the neck of the bladder, at the end of micturition, for three or four minutes. Never suffered from retention. Could not retain more than half an ounce frequently. The patient was referred to Dr. King in September, 1895. There was no odor to the urine, and the amount of residual urine was small. Water was drawn when the catheter was introduced 10½ inches. He advised removal of a section of the vas. Removed 2½ inches from each vas. The portions removed were examined and their patency demonstrated. Patient was not allowed to urinate for two days; following this he urinated every three or four

hours, as compared with every half to two hours before the operation. The testicles atrophied considerably and became soft and flabby. Left the hospital in twelve days. He reported continued improvement for four weeks, when pain manifested itself again, and frequency of urination became more marked. In November, patient said he was able to have complete intercourse with ejaculation. Returned for treatment just three months after his first visit. Urine healthy; flowed at ten inches. The prostate was much smaller and appeared tender in the centre. Patient had to rise four or five times during the night. Delay in starting the stream was marked. Endoscopic examination showed the bladder to be in a healthy condition. The testicles were unequal in size, the left having developed to the size it was before operation. On incising, the vasi were found to be intact. A second operation was performed and improvement took place immediately and continued up to the present time, patient passing urine every seven or eight hours without any distress.

Case in Practice.—Dr. MEYERS presented a case in practice. The patient was a man aged sixty, whose health had been good up till eight years ago, when he was exposed to a draught through a window. This was followed by stiffness in the back. He also experienced some pain in the hip, especially when he would evert the foot. There followed marked diminution in the right thigh muscles, and accompanying weakness in the legs. He found a good deal of difficulty in climbing up stairs. The reflexes of the leg were still preserved, but not very active; had a good deal of difficulty in crossing the right over the left leg. In other respects the patient's health was good.

The Fellows then examined the patient.

Dr. MACFARLANE thought the symptoms resembled those of morbus coxæ, which he detailed in full.

Dr. GRAHAM thought the trouble was probably in the hip-joint.

Dr. MEYERS said that he had considered the question of hip disease but had thought it was more probable that the trouble was in the cord, in the anterior horn of the grey matter. He recalled a case like it he had seen before, which had been diagnosed as progressive muscular atrophy.

Notes in Three Cases of Pneumonia, by Dr. Graham.

Case 1. A young man aged twenty-eight; always strong and healthy. Had a lobar attack on the right side. Crisis took place on the ninth day. No special treatment. Digitalis given the first day after the crisis, at which time there was a drop in the number of white corpuscles from thirty to sixteen thousand in twenty-four hours. He pointed out that the prognosis in pneumonia could he fairly arrived at by counting the

number of white corpuscles. The above case he said was a severe one, and the symptoms were very grave, the patient being an alcoholic.

Case 2. The patient, aged twelve, was brought to hospital November 23rd, in a very weak state. Family history good, and the patient's former health also good. On November 4th was taken with measles, and was in bed a week. Was delirious during this time. At the end of the week sat up; lost all power over the legs. By the twentieth of the month had become much thinner and was very irritable. On the twenty-first the pulse was 120, temperature 105°, respirations 26; delirium and muttering present; abdominal distension; tongue coated and foul; ochre-colored stools; pupils dilated; urine scanty and high-colored. On the twenty-second the temperature was 103; cerebral symptoms marked. Entered hospital on the twenty-third. Would not answer questions. Temperature 104°; almost pulseless. Strychnine and brandy were given. On the twenty-fifth the cheeks were flushed, the pupils dilated and inactive; tongue swollen and red with brownish coating. Remained on the back listless. Was very irritable if any examinations were attempted, crying out when the legs or body was touched. The legs could not be extended, being in a state of spasm; no desire for nourishment; constipated; knee-jerk and plantar-reflex increased; albumen in urine in considerable quantities; casts granular and hyaline; S.G., 1,020; urine by catheter; blood count, red, 5,800,000; white, 1,000; lungs negative; pulse weak and compressible. On the twenty-sixth the patient was a little more sensible; temperature 103°, pulse 100, respirations 27. On the twenty-seventh, pneumonia developed in the left apex and then in the right, shown first in crepitant rales, and by tubular breathing. Blood count, white corpsules, 2,000. Post mortem showed a consolidation of both lungs; the kidneys very much enlarged, showing parenchymatous nephritis; intestines showed elevated Peyer's patches, showing the presence of typhoid fever. So that the patient was suffering from a combined attack of typhoid, pneumonia and nephritis, the kidney and lung symptoms being predominant. The reader then referred to the history of other cases of renal typhoid. In the case reported the pneumococcus was found in the lungs afterwards, and the typhoid bacillus was found in the spleen.

Case 3. Boy, aged sixteen, had inflammatory rheumatism a year ago. About four months ago came to the hospital with typhoid, and remained six weeks. For some months had been troubled with hacking cough; otherwise strong and well. Three weeks after his recovery from typhoid he went to work, his hours being from 5 a.m. to 6 p.m., and as his job consisted in pork-packing he was obliged to work in brine.

Some time after commencing work he caught cold. Cough increased. While working he cut his little finger with a knife. This healed up after suppuration. On December 2nd, while the scratch was still unhealed, he had a slight chill and complained of his ankle. He walked lame; remained at work, but did not feel as well as usual; had a pretty bad cold. Beside the chilly feeling he experienced a sense of soreness. The pain was very bad in the left hip. On the 27th epistaxis occurred, and on the 28th he became delirious. On the 30th was admitted to the hospital. December 1st the ankle was incised, and the pus evacuated. Patches of pneumonia found in both sides, more particularly on the left. There was more or less pleuritic friction over the diseased patches. On the 2nd of December the following note was made: Patient well nourished, expression anxious, pupils inactive, mouth dry, tongue white and furred, no appetite, very thirsty, abdomen distended, increase in hepatic dullness. Spleen could not be made out. Heart beat indistinct and feeble. Blood count, 4,000,000 red and 1,400 white. Patient had severe pain in the chest before he came in with dyspnœa; no pericarditis; trouble seemed to be limited to the pleura and the lungs. Urine acid, high colored, no albumen; but it was afterward found that the kidneys were in a state of disintegration. No sugar, no bile; S. G., 1,032. Chlorides not diminished. Suppuration continued in the joint. Patient continued more or less delirious. Pulse became weaker and weaker until the patient died. On post mortem lung found to be more or less pneumonic, with patches of pleurisy. Kidneys enlarged, softened and disintegrated in places. Liver not much softened. Cultures were made from the septic pus taken from the ankle by Dr. Hill, which showed pure cultures of the staphylococcus. No other organism found. The staphylococcus was also found in the lungs and in other organs and glands of the body. Injections were made into rabbits; they became similarly diseased.

Dr. MACFARLANE discussed the surgical aspects of the case, particularly the differential diagnosis between osteo-myelitis and rheumatism, and pointed out that these cases are frequently taken for typhoid fever, especially where delirium supervenes.

Dr. GRAHAM referred to the relative increase in the white corpuscles in the last case, due to the suppurative condition present.

JANUARY MEETING.

President, DR. J. E. GRAHAM, in the Chair.

Radical Cure for Hernia.—Dr. A. PRIMROSE presented a patient upon whom two years previous he had done Halsted's operation for the radical cure of inguinal hernia on the right side. The patient was a boy aged thirteen, admitted to the Hospital for Sick Children in October, 1893. He had suffered from the hernia since infancy. He was a very active boy and would not wear a truss, obstinately pushing the pad off from time to time. As the hernia was increasing in size, operation was advised. This was performed on 26th October, 1893, under chloroform. An incision was made, beginning at a point 1½ inches above the external ring to the internal ring, and carried downward and inward to the external ring. The incision was carried through the entire thickness of the abdominal wall, laying bare the peritoneum throughout the whole extent of the incision and exposing the spermatic cord and the hernia. The sac was isolated from the cord; it proved to be an acquired hernia. The peritoneum at the neck of the sac was closed off by a series of matress sutures. The cord was dissected out. This proved to be the most difficult part of the operation on account of the smallness of the vas. The sac was cut away below the line of sutures. At this juncture the child vomited, and the straining caused the bowel to escape just above the uppermost suture, caused apparently by the splitting of the peritoneum upwards in the line of severance at the neck. To avoid recurrence, a suture was put in at the upper angle of the opening in the peritoneum in such a way as to include the angle of the wound in the loop of the ligature. The muscular wall of the abdomen was now united by matress sutures through the entire thickness, from the uppermost limit of the incision to the pubes; closing completely the old external ring. The cord was held aside during the procedure, and was allowed to make exit from the abdomen at the level of the internal ring between the first and second matress sutures. The cord now lay on the surface of the external oblique aponeurosis on its way to the scrotum. The skin incision was then united by continuous suture. The wound was dressed with a pad of iodoform gauze and absorbent wool and a firm spica bandage. The superficial stitches were removed on the fifth day after the operation. On the twelfth the wound was dressed for the second time and was found completely healed. The boy was then examined by the Fellows. The case seemed to be one where thorough radical cure had been effected. The cord could be recog-

nized as making its way from the new external ring, which could be felt as a small opening above the centre of Poupart's ligament.

Dr. GRASETT asked why Halsted's method had been adopted in preference to a simpler method. There was no doubt as to the excellency of the operation and the good results.

Dr. TEMPLE said that he had during the day assisted Dr. Ross to do an operation for the radical cure on a patient in whom the operation had been done before. The prior operation had not resulted satisfactorily because the patient had got up and walked the day following the operation. The second operation consisted in removing the old cicatrix, slitting up the sac, separating the cord, pulling out a portion of the sac from the abdomen, tying it off and allowing it to slip back, and closing the wound in the manner described in the preceding case.

Dr. SPENCER pointed out the difference between Halsted's and Barker's method. The latter did not sever the aponeurosis of the abdominal muscles nor remove a portion of the veins of the cord.

Dr. PRIMROSE said that he had resorted to Halsted's method, because he had found, on examining Halsted's report of cases at the time, many of the cases in which he operated so successfully were in children even younger than the boy presented. He then made a comparison between this and McEwen's operation.

Gunshot Wound of Abdomen.—Dr. F. LEM. GRASETT reported a case of gunshot wound of the abdomen. Patient, S.H., aged twelve; admitted to Toronto General Hospital September 9th, 1895. The patient had been cleaning a 22-calibre revolver in which three of the chambers were loaded. He was holding it between his knees while wiping it, and the cloth caught in the trigger, and the contents of one chamber entered his abdomen in the hypogastric region, passing through a double flap of the trousers and two shirts. Its point of entry was 3¼ inches from the umbilicus downwards and outwards, 1¼ from the median line, and 3½ from the pubes, and from a line drawn from the umbilicus to the anterior superior spine, the middle of the line being taken, 3 inches downward and inward. The wound at the entrance corresponded to the end of an ordinary lead pencil. There was no external hæmorrhage. The powder had scorched the trousers for an inch in circumference around the opening through them. He did not lose consciousness, being able to call for assistance. He had an evacuation of the bowels two or three minutes afterward. The movement was not examined. Drs. O'Reilly and Teskey, who saw the patient immediately on his arrival at the hospital, advised that nothing in the way of active treatment be done. When seen by Dr. Grasett

on the next day the temperature was 97.2°, respirations 20, and pulse 84, which at 6 p.m. were, respectively, temperature 99°, respirations 20, and pulse 85; and at 9 p.m., temperature 100.2°, respirations 20, and pulse 98. In the latter part of the evening the patient began vomiting, and seemed drowsy. He complained of pain in the abdomen. He was given cracked ice. He vomited a little during the night. In the morning he was given one-half ounce of milk and lime-water, repeated several times. At noon he vomited again, when the nourishment was withheld till 5 p.m. The temperature ranged about 100° during the day. The urine became bloody and remained so for a few days. On the night of the 11th the temperature rose to 102.5°, pulse 92. Patient complained of pain in the left abdominal region and over the left kidney. Morphia was given. The bowels were constipated. There was a certain amount of abdominal distension. On the 13th and 14th he vomited and complained of pain. Calomel was given, and after a free evacuation the pulse fell to 99. The vomiting continued for some ten days. Patient was discharged cured at the end of six weeks. The reader of the paper then gave a resumé of the literature of the subject, and a discussion of gun-shot wounds of the abdomen. In such cases as the one reported, where the symptoms were not alarming, he asked the Fellows present their opinion about the indications for operative procedure. His idea was in the present case that the bullet had probably entered the abdominal cavity, wounded the peritoneum, and passing through the mesentery (escaping the intestine) had lodged in the kidney.

Dr. MACDONALD said that he did not agree that the bullet which Dr. Grasett had passed around as a sample of the one that had entered the patient was a 22-calibre, and drew attention to the two sizes of the twenty-two, the long and the short. The short would hardly more than penetrate the average abdominal wall; but the long, with its strong charge of powder behind it, would pass quite through the body. There is little evidence to show which was the exact direction the bullet took. It might have, as is often the case, circled around under the skin and not entered the cavity. In cases under his observation he had seen them act in this way. Such wounds often produced no symptoms. The speaker had confirmed these views from a personal experience, having been shot in the leg with some seventy-five pigeon shot.

Dr. SPENCER said that he had watched the case and was convinced that the bullet had entered the abdominal cavity and entered the kidney. He could not see how it very well could go otherwise. There was evidence to show that the muzzle was pointing toward the

abdomen. There was the wound caused by its entrance, and there was the injured kidney. If it had passed through the intestine he thought it would have produced more shock; he thought it had probably passed through the mesentery.

Dr. PRIMROSE called attention to the fact that the bullet could not pass through the abdominal cavity into the kidney without passing through the intestines. The mesentery lay behind the intestine. He believed the bullet had passed through the intestine.

Dr. BINGHAM thought indications for operating would be meteorism, hæmorrhage or protrusion of the viscera form the wound. It was very difficult where these were absent to decide whether to operate or not.

Dr. GRAHAM said that bullets took all sorts of erratic courses, and he thought it was quite possible for the bullet to lodge in the kidney without passing through the intestine.

Ectopic Gestation.—Dr. TEMPLE reported a case and presented a specimen of ectopic gestation. Patient, woman aged twenty-four; mother of four children; youngest child was eight months old. She was admitted to the hospital the 12th of December. On the 20th of November she expected her ordinary menstrual period. Got up at six o'clock, went to kitchen to light a fire. Suddenly she felt a severe pain in the region of the left side of the uterus and fainted. Did not recover herself until seven o'clock, no one coming to her assistance. All that day she felt very poorly, and sent for her physician who sent her to bed; he found there was some discharge from the vagina. She kept in bed three weeks, and was then transferred to the hospital. For some few days he did not examine the case, as he was under the impression from the symptoms that it was a simple case of menorrhagia; but, upon examining, he found a cyst on the left side of the pelvis, and taking into consideration the history of the pain and fainting and the discharge, he came to the conclusion that the patient had a rupture of the ectopic cyst. Dr. Ross agreed with this diagnosis. An operation was performed, and a dark-colored mass was removed from the folds of the left broad ligament. An uneventful recovery followed.

Dr. TEMPLE presented a specimen. He said that this was that form of ectopic gestation called the abdominal form, in which the development may still continue, even after rupture in the broad ligament. Its presence might even be overlooked and the case go on to a fatal issue. In reply to Dr. Bingham, the speaker said that he had had two cases in which diagnosis and operation had been made before rupture took place. An interesting feature of the case was the fact that the woman had probably been pregnant only four weeks when rupture took place. In reply to Dr. Macdonald, he said

the discharge was not, as is usually the case, shreddy. He agreed that the opinion advanced by Dr. Britton, that conception might possibly have taken place earlier than he supposed, the patient continuing to menstruate.

Spinal Drainage for Hydrocephalus.—Dr. BINGHAM reported two cases of spinal drainage for hydrocephalus. The first case came under his notice a year ago, in a child of twelve months. He had been called in after the child had suffered an attack of convulsions. He learned that the case was one of congenital hydrocephalus. Up till nine months there had been no increase in the size of the child's head. At that time there was a sudden increase in the amount of the fluid. The child at once became irritable; this was followed by strabismus and then by convulsions. He resolved to follow the course advised by Winter. He tapped in the lumbar region, and withdrew about four ounces of fluid, with happy results, all symptoms for the time disappearing. On the recurrence of symptoms, tapping was again resorted to. This was repeated five times during a period of three weeks. Subsequently the child died, but there was no return of the convulsions.

Case No. 2 came under his care in the Victoria Hospital, in September last. The child was aged 2½. One of the mother's brothers was insane, and her people were neurotic. A sister suffered from chorea. A year before this, when the child was eighteen months old, it fell down stairs, after which time it was never able to walk well, gradually losing power to walk altogether. There was a certain amount of curvature detected in the spinal region. When admitted the child was bright and intelligent. It was troubled with constipation. The appetite was large. The circumference of the head was twenty-two inches. The enlargement was symmetrical. Athetosis was well marked. There was constant rolling of the eyeballs. A few days after entering the child complained of pain in the head. It began to grow dull and stupid. When moved, the child would cry, as though suffering much pain. A certain amount of opisthotonos was distinctly marked. There was a great deal of headache night and day. Under ethyl chloride the spinal canal was aspirated between the last lumbar vertebræ and five ounces of fluid withdrawn. After the withdrawal of the fluid there was a sudden fall of the temperature. The child's disposition changed completely. This improvement continued for about a week, when an increase of the fluid again took place, and the symptoms reappeared. Continuous drainage was decided upon under the strictest antiseptic precautions. This was unsuccessful. The temperature went up almost at once, and the child died in four

days. The difficulty in such a procedure seems to be the difficulty of securing perfect asepsis. If this could be secured, there would be some hope of doing something for these cases.

Dr. GRASETT thought that perfect aseptic drainage could be carried out.

Dr. PRIMROSE said in those cases where the pathological change was supposed to result from lack of support to the vessels through malnutrition of the bones of the skull something additional to the drainage would be necessary to secure a complete cure. He referred to the use of adhesive plasters to support the skull, and by pressure to promote absorption. But such treatment had proven a failure.

Dr. MACDONALD said that he had heard of favorable results by drainage. He thought continuous drainage could be carried on in a perfectly antiseptic way by some such process as was attempted in draining the pleura into a bottle attached to receive the fluid.

Dr. BRITTON reported aspirating in a case where spina bifida was present, his object at the time being to relieve the spina bifida. There was a relief of symptoms.

In our last issue we published in the proceedings of the Toronto Medical Society for October 17th, a condensed report of a very interesting case of suppurative cholecystitis with rupture of the gall-bladder, complicating typhoid fever, prepared by Dr. H. B. Anderson, one or two points of which should have been referred to a little more clearly and accurately. Dr. Anderson obtained pure cultures, both from the abdominal cavity and the gall-bladder of a round-shaped bacterium, short, and with rounded ends, some slightly curved and apparently constricted in the centre. In places they were joined together, forming long threads. In morphology they corresponded to the bacillus typhosus, or the bacillus communis coli. The culture bouillion remained alkaline, and no indol was formed, both of which would go to prove that this was the bacillus of typhoid. He pointed out the rarity of this complication of typhoid, and that when present it was generally attributed to the bacillus communis coli, or to the staphylococcus. This was another example of the ability of the bacillus of typhoid to set up suppurative inflammation. He also noted the marked leucocytosis in the case, and considered its presence the result of suppurative inflammation rather than to the presence of typhoid. He alluded to the matter of leucocytosis in the diagnosis between typhoid and appendicitis.

Editorials.

The Digitalis Group in Treatment of Heart Diseases.

When Dr. George W. Balfour, of Edinburgh, speaks upon any subject of cardiac pathology or therapy, we are naturally disposed to listen. In the *British Medical Journal*, for 14th December, he has a lengthy article under the above caption. The digitalis group contains a number of plants, from the deadly up to the comparatively innocuous convallaria and adonis. These have an action on the heart more or less resembling the plant which gives its name to the group.

The fundamental action of this group is to increase the elasticity of muscular fibre. This causes the heart to dilate more slowly and to contract more firmly. The heart will thus be more fully emptied. The circulation through the heart muscle is a very short circuit, and consequently, the heart receives more blood than any other organ in the body in the same time. The arterioles are likewise richly supplied with blood, and are acted upon by this group of plants with considerable energy, but not so much as the heart, owing to the rapidity of the circulation through the heart. The effect of this is that every muscle in the body is flushed with blood, at an increased pressure and their nutrition greatly improved, including the myocardium.

The above is mainly the action of digitalis. The entire group act in a somewhat similar manner, with many differences special to each member of the group. Digitalis acts powerfully on the heart and arterioles; ergot on the uterus and bladder, and less on the heart and arterioles, while strophanthus acts with much energy on the heart, but slightly on the arterioles. This difference in strophanthus is of much importance. Any increased arterial pressure that comes from its use must be due to greater heart-action, and will not be as continuous as that in the case of digitalis, because of the absence of the resistance from the arterioles. The muscular system will not be so favorably affected. Thus, in the employment of strophanthus, the results must come from its action on the heart, and this explains why the dose has to vary so much, say from five minims every four hours to ten minims every two hours.

Strophanthus has two advantages that must not be lost sight of. It is readily soluble in water, and acts with great rapidity on the heart. Thus, where prompt action is imperative, and absorption by the stomach slow and uncertain, the hypodermic administration of strophanthin is

of great value. In such an urgent case, however, it is doubtful if the hypodermic injection of ether would not be of more use than either strophanthin or digitalis.

There is no more potent benefactor of mankind than digitalis. For more than a hundred years it has been regarded as a sovereign remedy for dropsy. There is an idea in the minds of very many medical men that it is a dangerous cardiac sedative. This is entirely erroneous. We now know that digitalis acts as a tonic on the muscular fibres of the heart and arterioles ; and it is in its capacity as a tonic in this way that it does its work.

Digitalis in every form is absorbed with difficulty and slowly eliminated from the system. If the drug be given at too short intervals, it accumulates within the system, and toxic symptoms may very readily appear. This tendency to accumulate must be guarded against. It must never be forgotten that this drug is of special value in a class of cases where sudden deaths are liable to happen ; and this has been unfortunate for the reputation of digitalis. With ordinary care no fear need be entertained on the ground of accumulation.

Thin and anæmic persons are more quickly saturated than plethoric people. The average tonic dose for most cases is one grain of powdered leaves every twelve hours. Such a dose may be continued as long as there is any need for the drug. Under such a dose the feeble heart slowly gains tone, and the weak impulse becomes a strong one. There is an increased sense of well-being.

In many young persons, after febrile or exhausting diseases, and when chlorotic or anæmic, there are dilated hearts. Far too often these cases are regarded as merely functional and left to time and nature to cure. It is painful to find that later in life many of these persons are debarred from entering upon any active form of life, that a little timely attention and a course of digitalis would have cured and obviated a life of comparative invalidism.

Our forefathers gave as much as ten grains or twenty grains at short intervals in bad cases of dropsy. This would be followed in two or three days by diuresis. We now know that digitalis has no action on the kidneys, and the diuresis is due to the improved state of the circulation. As the arteries fill and the veins empty, the effusion is absorbed, the blood becomes more watery, and this excess of water is excreted by the kidneys. We should not run any risk by giving dangerously large doses ; the good can be obtained by safe quantities of the drug. A dose of three grains every eight hours will be found efficient in cases of dropsy. The symptoms of saturation may be looked for when the patient has taken about thirty grains or forty grains. The symptoms are : Diminution of primary diuresis, slowing

of the pulse, nausea, or, more rarely, diarrhœa. If the drug is stopped on the appearance of any of these symptoms, the patient will suffer no harm. When digitalis is pushed too far, complete suppression of urine may occur. Diuresis recurs and continues usually until all the fluid is drained off. Look out for symptoms of saturation after about thirty grains have been taken. The slow pulse of digitalis is devoid of danger; but the frequent pulse of the drug is not devoid of risk.

Digitalis may be given in all cases of heart failure, whatever may be the cause or condition. In cases of valvular lesion with compensation there may be no urgent need for it, but it can do no harm in tonic doses. In all such cases there is a steady heart failure, and to counteract this, the drug is of the utmost service. Some object on the ground that digitalis in such cases causes hypertrophy. This is an error. There are drugs that cause atrophy, but none that produce hypertrophy. Hypertrophy in a muscular organ is due to a call for increased exertion. It is only when dilatation has occurred that the needful compensating hypertrophy follows. Digitalis increases the elasticity of the myocardium, and enables it to withstand the dilating influences to which it is subjected. Thus, digitalis, in due tonic doses, delays dilatation, and retards, rather than precipitates, hypertrophy.

Corrigan, long ago, and many since, raised a warning voice against the employment of digitalis in aortic regurgitation. This was on the ground that it acted as a sedative. This is incorrect. It is a tonic, and in this very form of heart disease is of the greatest service in resisting dilatation, and consequent sudden heart-failure. In such cases the drug will even reduce much of the dilatation that may have taken place, as seen by the change in the position of the apex beat.

Digitalis disappoints us sometimes when we most require its assistance. It has no action on the ingravescent asystole of the moribund heart. We cannot always recognize this condition, and are bound to employ the drug as it is most likely to yield best results on general principles. When the limbs are solid with anasarca, we have little to hope from digitalis; but if the tension be relieved by purgation, then the digitalis acts well. In dilatation of the right ventricle, following stenosis of the mitral valves, or in pulmonary emphysema, we cannot hope for much from digitalis. When there is dilatation of the left ventricle from loss of elasticity of the arteries digitalis acts badly, and may increase the dilatation. If it is combined with some vascular stimulant it acts well. It is said that digitalis acts badly in the fatty heart. But as most hearts that are diagnosed as fatty are really weak hearts, it would be a great mistake not to employ it, and be guided by the results obtained from its administration.

Are Medical Officers of the Militia Ready for Active Service?

THE recent tension of relations with the United States, produced by the unreasonable and illogical message of President Cleveland, suggests food for thought on the condition of the medical service of the militia. It is apparent at the outset that we have no medical service properly so called. It is true we have a number of medical men attached to battalions and corps who are supposed to be military surgeons. Without wishing to disparage in any way the professional acquirements of any of these worthy and patriotic gentlemen, it may fairly be asked how many of them could pass an examination in Porter's "Surgeon's Hand-book"? How many of them know anything of ambulance drill? How many of them are there who could direct a field hospital or medical transport column? In making these remarks we are not referring to any want of desire on their part to fulfil these functions, but the authorities ask for no other qualification for surgeons in the militia than that of being legally licensed practitioners. Yet in fact the medical service of armies has become one of the most specialized of specialties. Has not the time arrived when medical officers should pass a qualifying examination both for entrance and promotion? All medical officers in the English volunteers must now do so, and in consequence are considered and designated very properly as "efficient," and thereby gain for their corps an increased capitation grant. Is it not time that we woke up in this country to the fact that twice within three years there has been real danger of war, and that if such a catastrophe should arrive how utterly unprepared we would be.

In 1885 Surgeon-General Bergin submitted a complete scheme of medical organization to the Government. Since then the attention of the Government has been drawn to the subject. Individual writers have not been wanting to do their share in agitating for medical reorganization. What has been accomplished? Next to nothing. The authorities should take the present opportunity to purchase equipment for at least two Beaver companies. Public opinion is favorable to the increase of expenditure upon militnry account, and the men are ready to fill the ranks.

AMERICAN MEDICAL REVIEW.—This is a monthly journal of current medical literature. Dr. Daniel Lewis, of New York, is the editor. It is based somewhat on the plan of the *Review of Reviews*. The first number which is to hand is well made up. We wish the new enterprise all success.

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KISSING THE BOOK.—The *Medical Press* calls attention to the dangerous practice of kissing the Bible in the courts. The greatest danger is from syphilis. The mere fact of having pressed a sacred volume to his lips never yet hindered a man, if he had previously made up his mind, giving false evidence.

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LODGE PRACTICE.—We understand that an agreement is in circulation, and is being very generally signed by the medical men of the western half of Toronto, against lodge practice. It is a condition that as soon as ninety per cent. of the medical men have signed the agreement, they will give up their lodges. We have often referred to the evils of lodge practice, and hope that the efforts now being made to remedy these evils may meet with complete success.

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PHYSICIANS AND FAKES.—It is a matter for extreme regret that qualified medical practitioners sometimes enter into arrangements with advertising quack concerns and companies to give the latter a legal status. Some of the grossest outrages on the profession and the public have been in this way rendered possible. The severest punishment should be meted out to any registered practitioner who takes under his or her patronage any advertising fraud. They ought to be disqualified at once.

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THE NIAGARA DISTRICT MEDICAL ASSOCIATION.—A meeting of the Niagara District Medical Association took place at the G. and M. Hospital, Wednesday, January 8th There were present: Dr. King, in the chair; Drs. Vanderburg, Merritton; Tremble, Queenston; Oliver, Niagara Falls; Campbell, Johnson, Thorold; Palmer, Toronto; Clark, Armour, Rykert, St. Catharines; Considine, Port Dalhousie. Dr. Armour read an excellent paper entitled, "The Rational Treatment of Typhoid Fever," which was then discussed by Drs. Clark, Tremble, Oliver, Vanderburg and Rykert. Dr. Palmer, Toronto, read a very interesting paper on "Suppurative Diseases of the Middle Ear." The Association then adjourned to meet at Niagara Falls, second Wednesday in April.

SURGICAL WORK IN KINGSTON.—In the *Daily British Whig* of December 21st we observe an account of a delicate operation, viz., removal of a cancerous breast, skilfully performed and entirely successful; and in the *Canadian Freeman* of December 18th appears the notice of two very important operations also performed at the Hotel Dieu Hospital—a cancerous growth weighing upwards of five pounds removed from the breast of Mrs. ——, and a large abscess removed from the abdominal cavity of Mrs. ——. We are happy to hear that both patients are now beyond all danger (where?). If the Kingston brethren have anything new in technique or antisepsis perhaps they would furnish details to the medical press.

* * *

A NEW JOURNAL OF EXPERIMENTAL MEDICINE.—This month there will be issued the first number of the *Journal of Experimental Medicine*, a quarterly, to be edited by Dr. William H. Welch, of the Johns Hopkins University, Baltimore, and published by Messrs. D. Appleton & Co., of New York. The associate editors are to be Professor H. P. Bowditch, of Boston; Professor R. H. Chittenden, of New Haven; Professor W. H. Howell, of Baltimore; Professor J. George Adami, of Montreal; Professor W. T. Councilman, of Boston; Professor T. Mitchell Prudden, of New York; Professor John J. Abel, of Baltimore; Professor Arthur R. Cushny, of Ann Arbor; Professor H. C. Wood, of Philadelphia; Professor R. H. Fitz, of Boston; Professor William Osler, of Baltimore; and Professor William Pepper, of Philadelphia. A most valuable and scholarly journal may be looked for.

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WHITMAN'S PLATES IN THE TREATMENT OF FLAT-FOOT.—Dr. C. W. Wilson, of Montreal (*Montreal Medical Journal*, December, 1895) reports his experience with this method of treating flat-feet. The foot is reduced to its normal shape by pressure, under an anæsthetic if necessary. Then apply a plaster of paris case to the foot, and keep at rest for two weeks. This is removed and a plaster of paris mould made of the foot. Then sheet steel is hammered to fit this mould exactly. This is trimmed to fit from the ball of the great toe to the tubercle on the os calcis, and from the level of the tubercle on the scaphoid to the outer border of the foot. This gives the foot the best possible support and is comfortable. These plates can be worn with any boot, but best with those of low flat heel. If made of aluminum, the plates are lighter and do not rust with the perspiration, as most of these cases have very sweaty feet.

CASE OF MYXŒDEMA.—Dr. Horner C. Bloom (*Philadelphia Polyclinic*, December 28th) describes a case of this disease where the symptoms were well marked. The patient, a lady aged forty-two, was apparently cured by the use of one hundred five-grain tablets of thyroid extract. After a year there was a recurrence of the symptoms. This time she was placed on protonuclein. This was ordered in tablet form. She took one every three or four hours. Two months of this treatment had removed all the symptoms and she appeared perfectly well. A noteworthy feature of this case is the relapse, and the disappearance of the disease a second time.

* * *

COLD APPLICATIONS IN PNEUMONIA.—Dr. T. J. Mays (*The Times and Register*, Philadelphia, December 7th, 1895) reports 195 cases of pneumonia, with a death rate of seven. He advocates the local application of cold in this disease as a valuable means of controlling some of the most dangerous features of the trouble. It reduces the pyrexia, strengthens the heart, relieves the pain in the chest, lessens the difficulty in breathing, and gives general comfort to the patient. These applications stimulate nervous energy and contract the small vessels, hastening resolution and dispersing exudation. These applications must be supplemented by the best possible hygienic conditions, good nutrition and such heart tonics as strychnine and digitalis.

* * *

A CASE OF PHTHISIS APPARENTLY CURED.—Dr. William Pepper, of Philadelphia (*University Medical Magazine*, December, 1895), reports a very interesting case. The patient was a woman, aged twenty-one In March, 1893, she became ill, and lost flesh with great rapidity. The sputum contained enormous numbers of bacilli. The patient was placed on a diet of egg-albumen. The medicinal treatment was $\frac{1}{100}$ grain of strychnine, $\frac{1}{1000}$ grain atrophine, every two hours, hypodermically, and $\frac{1}{50}$ grain strychnine nitrate, $\frac{1}{12}$ grain double chloride of gold and sodium, and ½ grain vegetable digestive, by the mouth, every two hours. In a few days the gold and sodium was increased to ⅛ grain every two hours. The strychnine had to be reduced in a few days for a short time, but she soon took the original quantity. She made a recovery to her original weight of 132 pounds, and the bacilli disappeared. In August, 1895, she had a recurrence of cough, loss of weight, and bacilli. The same treatment was again resorted to. By the end of October, the bacilli had all disappeared and the weight had increased from 114 pounds to 124 pounds. The cough was almost gone and the lungs nearly normal.

OPERATING ON HÆMORRHOIDS.—Dr. Joseph B. Bacon, of Chicago, in *North American Practitioner*, December, 1895, cautions great conservatism in operating on hæmorrhoids. He condemns the Whitehead operation, and all modifications of it. He contends that too much mucous membrane is removed and there is great risk of troublesome strictures. The sphincter should always be dilated with the fingers or thumbs. The muscle should never be fully ruptured, as incontinence may ensue. It is rarely necessary to remove more than one herrhoidal mass on each side, as this breaks up the anastomosis, and the remaining ones disappear. Further, the dilatation of the sphincter also relieves the varices and the smaller masses are often cured by this alone. He prefers the ligature, or clamp and cautery. Care must be taken not to remove too much mucous membrane, and also to have the bowel thoroughly prepared for the operation, and asepsis should be made the rule.

* * *

HEADACHES.—In an article on "Headache" in the December number of the Buffalo *Medical Journal*, Dr. F. S. Crego calls attention to the law that in proportion as the nutritive and vegetative functions are feeble and languishing, nervous phenomena are mobile, exalted and irregular. He points out that theory attributing migraine to biliousness has been discarded. Dubois Raymond's theory that it is due to vaso-motor spasm does not account for the pain; neither does he believe it is due to anæmia of the brain. That it is due to the disruptive and inco-ordinated action of over-loaded nervous centres, is believed by many, he says, while Dr. Gowers holds that it is a disease primarily of the nerve cells in the higher brain centres. For the treatment, he advocates tonics and nerve sedatives, iron, the hypophosphites and cannabis indica, arsenic and the galvanic current. To break up the attack he recommends four grains of antefebrin, and one grain each of citrate of caffein and bromide of camphor.

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THE SINS OF THE SHORT-SIGHTED.—Dr. Ryerson published a short article on this subject in the *Canada Lancet* some months ago, which was considered of sufficient interest to be republished by the *Scientific American*, the *Optical Journal*, *Public Opinion*, and other American periodicals. It is reproduced below: "Myopia, being essentially a condition due to abuse of the eye, one is constantly obliged to say 'don't' to patients. It occurs to me that it might be useful to put these prohibitive rules in aphoristic form: (1) Don't read in

railway trains or in vehicles in motion. (2) Don't read lying down or in a constrained position. (3) Don't read by firelight, moonlight, or twilight. (4) Don't read by a flickering gaslight or candlelight. (5) Don't read books printed on thin paper. (6) Don't read books which have no space between the lines. (7) Don't read for more than fifty minutes without stopping, whether the eyes are tired or not. (8) Don't hold the reading close to the eyes. (9) Don't study at night, but in the morning when you are fresh. (10) Don't select your own glasses at the outset. It would almost seem as though some of these rules were too obvious to require mention, but practical experience shows that myopes abuse their eyes just in the ways stated. Reading by firelight or by moonlight are favorite sins. Reading lying down tends to increase the strain on the accommodation, and reading while travelling tires the ciliary muscle because of the too frequent adjustment of focus. In short, anything which tends to increase the quantity of blood in the organ favors the increase of the defect, leading in extreme cases to detachment of the retina and blindness."

Military Medical Notes.

The Army Medical Service.—We learn from our contemporaries that the present head of the Army, Lord Wolseley, is inclined to carry out the same policy toward the army medical service which was adopted by his predecessor, namely, that of snubbing and keeping down, whenever opportunity offers, the medical officers. At a recent inspection in Dublin, Lord Wolseley objected to the medical corps carrying swords, because, he said, they were only civilians. Army officers do not seem to keep in touch with the spirit of the times, which tends constantly to bring into greater prominence the work of civilians, and to attract into civil life the best minds of every civilized country. In particular, the standard of education and intelligence in the medical profession is everywhere steadily rising, while we judge from the various exhibitions of the intelligence of army and navy services that these branches are not any longer drawing the best class of men into them. Yet, in the apparently desperate effort to maintain the prestige of the army and navy, officers do all they can by artificial regulation to keep down men who are, by education and natural intelligence, their equals, and perhaps their superiors. We believe that, in the end, the importance and social value of the

medical services in our armies and navies will be recognized at their true worth, and, meanwhile, we hope that the contest will be kept up until justice is secured.—*Medical Record.*

* * *

SURGEON-CAPTAIN R. R. SLEMAN has issued a "Volunteer Surgeon's Guide," which seems to fill a real vacancy in medico-military literature. The scope of this work can be best understood by the headings of some of the chapters: General Conditions of Service; The Army Medical Reserve of Officers; The Volunteer Medical Staff Corps; Civilian Medical Practitioners in Charge of Troops; Schools of Instruction; Duties of Medical Officers in Camp, Barracks, and on the Line of March; Hospitals in Camp; Brigade Bearer Companies; Discipline; Compliments and Salutes; Uniform; Medals and Decorations. We would recommend our militia surgeons to obtain this useful and inexpensive book. Price 3s. 6d. Clowes & Sons, Charing Cross, London.

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SURGEON-COLONEL W. TAYLOR, M.D., the principal medical officer of the South-eastern Military District, delivered a lecture at Aldershot on "The Medico-Military Arrangements of the Japanese Army in the Field." The lecturer declared that the regimental medical organization of the Japanese army was far superior to our own. The medical arrangements for saving life on the battlefield were perfect, no expense being considered too great to save a Japanese soldier's life. The bravery of the medical department was astonishing; he himself had seen a stretcher bearer company attending to their work in a perfect storm of bullets, and they had cleared a line of fire of eighty killed and wounded in about twenty minutes, having first rendered aid, and before sending the wounded back to the field hospitals in the rear. A discussion followed the lecture, in which Sir William Butler and many other officers took part, and all agreed that the British army had much to learn from the Japanese army.—*The Mail.*

AN IMMORTAL ITEM.—About once a year an item, regarding a report to the British Medical Association on the relative longevity of drinkers and abstainers, goes the ground of the medical press. The fallacy of the figures giving a longer life to habitual drinkers than to total abstainers has been repeatedly exposed, but the item lives on, to the consolation and encouragement of all indulgers.—*Medical Record.*

Book Notices.

An Atlas of Ophthalmoscopy. By Dr. O. Haab; translated by Dr. E. Clarke. New York: Wm. Wood & Co. 1895.

This little book may fairly be said to be *intra vires*, which is more than can be said for many works of the fundus oculi. The plates are almost without exception new and well lithographed. We most cordially recommend this work to all specialists and physicians who wish to be up to date.

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Physicians' Office Day-book. Designed by C. Henri Leonard, A.M., M.D., Detroit. Price $2.00.

The Multum in Parvo Physician's Ledger. A complete ledger for four hundred patients yearly for five years. Price $2.50. Issued by the Illustrated Medical Journal Co., Detroit, Mich.

We have used Leonard's office day-book and ledger for eight years, and are so satisfied that there is no desire to change. After this prolonged trial we can confidently recommend them to our friends.

* * *

A Manual of the Practice of Medicine. By George Roe Lockwood, M.D., Professor of Practice in the Woman's Medical College of the New York Infirmary, etc. With 75 illustrations in the text and 22 full-page colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

The author's design in this work is to present in a handy, readable volume the main up-to-date facts in the department of medicine. Osler's classification has been followed. As a text for the student and a work of ready reference, particularly in regard to pathology and treatment, this work can be recommended.

* * *

An American Text-book of Surgery. For Practitioners and Students. By Charles H. Burnett, M.D., Phineas S. Connor, M.D., Frederick S. Dennis, M.D., William W. Keen, M.D., Charles B. Nancrede, M.D., Roswell Park, M.D., Lewis S. Pilcher, M.D., Nicholas Senn, M.D., Francis J. Shepherd, M.D., Lewis A. Stimson, M.D., William Thomson, M.D., J. Collins Warren, M.D., and J. William White, M.D. Edited by William W. Keen, M.D., LL.D., and J. William White, M.D., Ph.D. Second edition, carefully revised. Philadelphia: W. B. Saunders. 1895. Pp. xiv., 1248. Price $7.

Skioscopy and its Practical Application to the Study of Refraction. By ED. JACKSON, M. D. Philadelphia: Edwards & Docker Co. 1895.

An admirably clear and fairly comprehensive work on this subject by a capable author. Type, illustrations and general get up are excellent.

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The American Year-Book of Medicine and Surgery. Being a yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery drawn from journals, monographs and text-books of the leading American and foreign authors and investigators; collected and arranged with critical editorial comments under the general editorial charge of GEORGE M. GOULD, M.D. In one royal 8vo volume of about 1000 pages, uniform in size with the "American Text-Book" series. Profusely illustrated with numerous wood cuts in text and thirty-three handsome half-tone and colored plates. Prices: Cloth, $6.50 net; half morocco, $7.50 net. Philadelphia: W. B. Saunders, 925 Walnut Street.

The contributors to this magnificent work are: General Medicine —William Pepper, M.D., Philadelphia, Pa.; Alfred Stengel, M.D., Philadelphia, Pa. Surgery—William W. Keen, M.D., Philadelphia, Pa.; J. Chalmers DaCosta, M.D., Philadelphia, Pa. Obstetrics—Barton Cooke Hirst, M.D., Philadelphia, Pa.; W. A. N. Dorland, M.D., Philadelphia, Pa. Gynæcology—J. M. Baldy, M.D., Philadelphia, Pa.; W. A. N. Dorland, M.D., Philadelphia, Pa. Diseases of Children—Louis Starr, M.D., Philadelphia, Pa.; Thompson S. Westcott, M.D., Philadelphia, Pa. Nervous and Mental Diseases—Archibald Church, M.D., Chicago, Ill.; Hugh J. Patrick, M.D., Chicago, Ill. Dermatology—William A. Hardaway, M.D., St. Louis, Mo.; C. Finley Hersman, M.D., St. Louis, Mo. Orthopedics—Virgil P. Gibney, M.D., New York City; Homer W. Gibney, M.D., New York City. Ophthalmology—Howard F. Hansell, M.D., Philadelphia, Pa.; Charles F. Clark, M.D., Columbus, Ohio. Otology—Charles H. Burnett, M.D., Philadelphia, Pa. Rhinology and Laryngology—E. Fletcher Ingals, M.D., Chicago, Ill.; T. Melville Hardie, B.A., M.B., Chicago, Ill. Pathology and Bacteriology—John Guiteras, M.D., Philadelphia, Pa.; David Riesman, M.D., Philadelphia, Pa. Materia Medica, Experimental Therapeutics, and Pharmacology—Henry A. Griffin, M.D., New York City; Van Horne Norrie, M.D., New York City. Anatomy and Physiology – C. A. Hamann, M.D., Cleveland, Ohio; G. N. Stewart, M.D., Cleveland, Ohio. Hygiene, Physiology and Chemistry—Henry Leffmann, M.D., Philadelphia, Pa.

The general design of this work is to give physicians in a compact form an annual epitome of the new and progressive medical truths or suggestions published during the months of the preceding year from July to June inclusive. It is believed that no very significant fact has escaped review in the present pages. The material used has been not only the periodicals of the year, but also monographs and text-books. There is a great wealth of solid information and sound counsel in this most excellent work, and we can with full confidence endorse it.

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Principles of Surgery. By N. Senn, M.D., Ph.D., LL.D., Professor of Practice of Surgery and Clinical Surgery in Rush Medical College, Chicago; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Ex-President American Surgical Association, etc. Second edition. Thoroughly revised. Illustrated with 178 wood engravings and five colored plates. Royal octavo, pages xvi., 656. Extra cloth, $4.50 net; sheep or half-Russia, $5.50 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street, and for sale by their Canadian agents, A. P. Watts & Co., 10 College Street, Toronto.

Most progressive surgeons were familiar with the former edition of this work. The present edition is much enlarged, and enriched with many additional illustrations. This work is really what it announces itself to be, namely, a treatise on the principles of surgery; or, in other words, a book dealing with the etiology and pathology of surgical diseases. Such a treatise, if reliable and up to date, could not fail to be of the utmost value to the active surgeon. Those who know Dr. Senn would naturally expect that the task would be executed in a thoroughly scientific manner, and a perusal of the pages of this book fully realizes the above expectation. We are safe in predicting that his reputation will not suffer by the second edition of his "Principles of Surgery." The knowledge of surgical literature is shown to be very extensive; the statement of facts is clear and succinct; the pathology is sound and trustworthy; the book is remarkably free from theories, and the illustrations are very appropriate and of excellent finish. Treatment, though brief, is sound and timely.

The author and publishers have clearly spared no pains to give the profession a first-class work, and it now remains with the profession to avail itself of the assistance to be obtained from these pages. Next thing to being in company with a distinguished surgeon is that of being in company with his studied deliverances, as we find them here recorded.

Materia Medica and Therapeutics. A Practical Treatise with Especial Reference to the Clinical Application of Drugs. By JOHN V. SHOEMAKER, A.M., M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital, Philadelphia, etc., etc. Third edition, thoroughly revised. Reset with new type and printed from new electrotype plates. Royal octavo; pages ix., 1108. Extra cloth, $5.00 net; sheep, $5.75 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street, and for sale by their Canadian agents, A. P. Watts & Co., 10 College Street, Toronto.

The reception accorded the first edition of this work, which appeared but a few years ago, was so cordial that a second edition was issued inside of fifteen months. The third edition is now before us, and the author has taken the opportunity of combining into one the two volumes which had been separately published. There is no part of medical science in which greater progress is being made, almost daily it might truthfully be said, than in that which is treated here by Dr. Shoemaker; and it seems necessary, in order that the profession should be kept informed, that frequent editions of such text-books should be issued. The one before us is fully up to date; indeed, so recent a remedy as tannigen and its uses are described in full. In this edition we note also tolysol, tolprin, solocol, solacetol, chlorphenol, bromphenol, ethylendiamine, silver phosphate, tropacocaine, etc., etc. The treatment of disease by means of animal extracts, secretions or juices, and by immunized serum or antitoxines, is also fully discussed. The natural process and physiological agencies discussed in this volume are of great value in therapeutics, and frequently of much avail in the treatment of disease.

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The Principles and Practice of Medicine. Designed for the use of practitioners and students of medicine. By WILLIAM OSLER, M.D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, of Baltimore; formerly Professor of the Institutes of Medicine, McGill University, Montreal, and Professor of Clinical Medicine in the University of Pennsylvania, of Philadelphia. Second edition. New York: D. Appleton & Co. 1895. Toronto: N. G. Morang, 63 Yonge Street.

A second edition of this popular text-book for students was called for, and Dr. Osler has made some alterations and additions, but the work remains practically unchanged. The article on "Typhoid" has, the gifted author states, been thoroughly revised to date. He

seems to pin his faith to hydrotherapy, or the Brand method of treatment in the disease, and dismisses the question of eliminative treatment advocated by Thistle and others, by courteously stating that it is based on an entirely erroneous view that the bacterial growth is chiefly in the intestine itself. He still advocates milk as the most suitable food in this disease. We hope that when he re-writes the article for the next edition he may see his way clear to recommend a more generous *menu* than that now approved of by him. The subject of diphtheria has been recast, and changes have been made rearranging or resenting certain portions dealing with cholera, syphilis, tuberculosis, scurvy, appendicitis, angina pectoris, Addison's disease, muscular atrophy, myxœdema, malarial fever, gout and diabetes. The work throughout is dogmatically authoritative, and bears the impress of marked individualism.

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The Pathology and Surgical Treatment of Tumors. By N. SENN, M.D., Ph.D., LL.D., Chicago. Philadelphia: W. B. Saunders.

This new work of seven hundred pages, profusely illustrated and beautifully printed, is written with the object "to prove useful as a text-book for the student, a work of reference for the busy practitioner, and a reliable, safe guide for the surgeon." To these workers in the field of medical science we can heartily commend this book, because it is concisely, methodically and interestingly written. Its big points, the summing up of its arguments and chapters, are presented in pithy sentences which catch the attention and impress themselves on the memory.

In the opening chapter the author discusses the various theories which have been held in regard to the origin and nature of tumors, their differential diagnosis from inflammatory swellings, and their histogenesis. He goes a little further than Conheim, saying, that every tumor is the product of a congenital or *post-natal* matrix of embryonic cells, aroused into activity by a general or local physiological stimulation or by congenital or acquired abnormal conditions in its immediate environment. An account of the karyokinetic changes which occur in neoplastic cells follows. A chapter is then presented on the anatomical structures of tumors. To the student of comparative anatomy the section on tumors in plants and animals other than man will have a peculiar interest. The effect of heredity, race, climate, age, sex, social status, traumatism, irritation, inflammation and contagion as etiological factors in tumor formation, is presented next. He holds that there is not a single well-authenticated case on

record in which the disease was transmitted from man to man or from animal to animal by contagion. One of the most valuable chapters is that on the clinical aspects of tumors. Here the important subject of malignancy is explained. He considers its local effect, its regional effects, and its general effect.

The author places special importance on the science and art of the diagnosis of tumors (for he considers it both). He states that this subject is usually imperfectly taught in medical colleges. Besides referring to the local characters of the neoplasm obtained by sight and touch, he draws attention to the necessity of studying the whole body of the patient. The surgeon will thus be able to find if there are any contra-indications to operation. He instances a number of cases where failure to do this before operating has been the cause of disastrous results, which have thrown much discredit on surgery. The surgeon, he maintains, should make repeated examinations, and exhaust all diagnostic resources before he commits himself concerning the nature of the tumor in any given case. He considers the microscope an invaluable aid to diagnosis, but cites a number of cases to show that complete dependence cannot be put on what it reveals. The clinical aspects of the case must be considered in conjunction with the histological appearance. Treatment, palliative, medical and radical, are then discussed. His category of the various radical steps are, ligation of blood vessels, galvano-puncture, parenchymatous injections, injection of erysipelas toxines, cauterization, ligation, galvano-caustic, ecrasement, avulsion and extirpation. After giving a classification of his own the author considers separately and fully each class of tumors, beginning with epithelial benign tumors and terminating with the sarcomata and a chapter on retention cysts. So in the complete book each tumor is spoken of three times, and in this way the writer has remembered the old truism, too often forgotten, that it is only by frequent repetition that we learn anything. On the whole Dr. Senn may be congratulated on producing an exceedingly creditable work on a subject which in our ordinary text-books on surgery is usually condensed to a degree incommensurate with its scientific and clinical importance.

THE latest statistics place the number of medical men in Paris at 2,922, of whom 52 are foreigners. From this it is calculated that there is 1 French doctor to every 1,000 French people in Paris, whereas there are nearly 3 foreign doctors to every 1,000 foreigners.

Personals.

Dr. R. McGinnis, late of Mount Vernon, has opened an office in Seaforth.

Dr. S. S. Murray, formerly of Thorndale, has taken charge of a hospital at Wahnapitae.

Dr. Hugh Watt, of Cariboo District, B.C., has been spending a short holiday in this city.

Dr. W. Macdonald, '94, University Medical Faculty, has commenced practice in Owen Sound.

Dr. Shaw, of Courtright, has settled in East Toronto. Dr. Johnson, formerly of Point Edward, succeeded him.

Dr. C. Sheard, owing to press of duties in connection with the health office, has retired from the *Canada Lancet*. Dr. Sylvester takes his place.

Dr. J. W. Sifton (Trinity, '92) has taken a partnership with Dr. J. McWilliam, of Thamesford. Dr. Sifton has been practising in Dakota since graduation.

Dr. Henwood and wife, of Brantford, were made the recipients of a magnificent cabinet, containing various valuable articles of table service, on Christmas Eve by the leading citizens. The presentation was made at Dr. Digby's.

Dr. John Campbell, of Seaforth, has sold his practice to Dr. Dewar, of Chippewa. The doctor, who has been many years in Seaforth, has always taken a live interest in medical matters. He has always been in his place at meetings of not only the Huron Medical Society, of which he was one of the founders, but also of the Provincial and Dominion Medical Associations. Dr. Campbell goes, we are told, to Brooklyn, N.Y., to practice. He carries with him the best wishes of his hundreds of friends in the medical profession throughout the Province.

Married.

Thompson-Greene—On Wednesday, December 18th, Dr. C. W. Thompson, of Granton, was married to Miss Mary Greene, of Fullarton.

Obituary.

Dr. D. E. Brooke.

We regret to announce the death of Dr. D. E. Brooke, of Windsor, a native of Chatham. Dr. Brooke was a student at Trinity Medical College, from which he was graduated in 1879. He was forty years of age. The doctor had been in practice in Windsor for five years, and had secured a large and respectable *clientele*. He was highly esteemed by a large circle of friends, who regret his early demise.

Selections.

Puberty and Disturbed Heart's Action.—Kisch (*Frauenarzt*, October, 1895), distinguishes three forms of cardiac disturbance at the epoch of development of the sexual functions: (1) Nervous palpitations and paroxysmal tachycardia in otherwise healthy subjects. They are frequent before the first period and usually cease soon afterwards. (2) The well-known cardiac symptoms in chlorosis. (3) Hypertrophy of the heart occasioned by the alterations of the circulation associated with the establishment of menstruation and aggravated by insanitary clothing, especially tight lacing.—*British Medical Journal.*

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Dislocation of the Testicle.—Dr. Ramon Guitéras presented a man whose testicle had become dislocated as a result of his slipping in getting off a wagon and the wheel of the wagon passing up between his limbs. Although the man had remained in a hospital the dislocation had not been discovered. When Dr. Guitéras had first seen the case the testicle had been found turned away from the epididymis and lying under the dartos. After making two incisions, one on the penis and the other on the scrotum over the globus major, reduction of the dislocation had been effected.—Report of New York Academy of Medicine in *New York Medical Journal.*

* * *

The Bacillus of Tetanus.—Grixoni (*Rif. Med.*, August 21st, 22nd, 23rd, 1895), experimenting with Nicolaier's bacillus, comes to the conclusion that it is aerobic in the soil, and, further, that as long

as it remains aerobic it is atoxic. Its toxicity and virulence are brought about by the presence of other micro-organisms which act by depriving the media of oxygen, and so rendering the tetanus bacillus anaerobic. This anaerobiosis, according to the author, is indispensable to the tetanus bacillus for the production of its specific toxins, but mere deprivation of oxygen alone is not sufficient—the presence of other micro-organisms is necessary. The comparative frequency of the tetanus bacillus in the earth contrasted with the rarity of tetanus; the beneficial effect of antiseptics (which have little effect on the tetanus bacillus spores, but considerable effect on other micro-organisms) in checking tetanus are explained by the author's view of the necessity of a particular microbic association for the full development of virulence in Nicolaier's bacillus. This peculiar microbic association fortunately occurs very exceptionally, hence the rarity of tetanus. The nature of the associated microbes seems somewhat indeterminate.—*British Medical Journal.*

Miscellaneous.

A LARGE sample of Iatrol will be mailed to any physician sending coupon to the Clinton Pharmaceutical Company, Syracuse, N.Y. (See advertising page xii.)

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The College and Clinical Record will hereafter be known under the name of *Dunglison's College and Clinical Record: A Monthly Journal of Practical Medicine.*

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A DESIRABLE LOCATION FOR A DOCTOR.—Office and rooms suitable for a physician; vacant February 1st; has been a doctor's residence for thirteen years; is on a main street, and car lines pass the door. 185 Carlton Street.

* * *

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REGARDING the decision of the Royal College of Physicians to refuse their license to women practitioners, the *Yorkshire Daily Post* says that the profession is overstocked, and any discussion on the subject must be largely influenced by this consideration. In the *Peebleshire Advertiser* last week there was actually an advertisement for a parish medical officer at a salary of £6 a year, and it is stated that already the parish council has a choice of several applicants.—*British Medical Journal.*

* * *

WRITING of Kellogg's elastic funis ring applicator, under date of January 5th, 1896, Professor R. Beverley Cole, President of the American Medical Association, says: "I have been greatly out of health for five months, and have had but little opportunity to try the applicator; but I am greatly impressed with the ingenuity, simplicity and seeming utility of the contrivance. I have exhibited it to my class in the University of California, and have caused it to be used by my assistants at the hospital, where it has met all requirements and has given entire satisfaction."

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* * *

ARRANGEMENTS have been completed with the Canadian Medical Practice Exchange Office to have a full page detail of its offerings and opportunities appear each month among our advertisements. (See p. xiii. this issue.) It is a matter of congratulation that this necessary and important department of medical affairs is conducted by one possessing such recognized business ability, Dr. W. E. Hamill. We recommend our readers to avail themselves of his assistance when occasion requires.

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* * *

FASHION IN MEDICINE.—There has been a fashion in antiseptics. First, carbolic acid held sway; it was dethroned by iodoform, and it was displaced by corrosive sublimate, which is now the rage. Fatal results in cases—death by poisoning—was the cause of the disuse of carbolic acid and iodoform, and it will not be long before corrosive sublimate is abandoned. Listerine is a powerful antiseptic and non-poisonous, and can be used *ad libitum* either externally or internally without fear of dangerous results. It is indicated in all cases where an antiseptic is required. As a dressing for wounds and washing out the ear in purulent inflammation of that organ specialists declare it to be valuable. In irrigating sinuses and washing out cavities and abscesses, and in vaginal and urethral injections it has been found useful. In consumption, cancer, diphtheria, scarlet fever and infectious diseases it has been found remedial. It has been tried and commended by the principal surgeons and physicians of the United States.

TREATMENT IN PUERPERAL SEPSIS.—Dr. A. B. Miller, in an article in the *Medical Review* (St. Louis, October 19th) on "Intermediate Treatment in Puerperal Sepsis," advocates his method in dealing with such cases. In consideration, he says, of the degeneration of the human race and the teaching of the obstetrical art, women are placed in the recumbent position during confinement and during convalescence. This secures imperfect drainage, and the lochia forms a pool in the vault of the vagina—a suitable culture media for germs, which, with the body warmth, forms an incubator the envy of our most modern bacteriologist. To arrest the development of the micro-organisms where infection is present or suspected, his procedure is, after securing a culture for development, using all aseptic precautions, to cleanse the vulva and vagina by means of a gauze pad and a bland irrigating fluid; an examination of uterine cavity with finger and curette for retained products of conception; the cavity then thoroughly dried with pledgets of cotton saturated in sterilized water or antiseptic solutions. After thorough cleansing, the parts should be wiped dry with sterilized cotton, carried into the uterus with dressing forceps; the vagina dried and smeared with sterilized vaseline. With the patient on her back, legs flexed, the perineum should be depressed by speculum; the anterior wall of the vagina is elevated, the cervix caught in the grip of a flat-toothed forcep sufficiently wide as not to tear the parts, and securely held until the cavity of the uterus is filled with some absorbent material—gauze, lamp-wicks, or discs of cotton. The uterus is then released and permitted to rise in the abdomen. The vagina is firmly packed with discs of sterilized cotton arranged concentrically about the cervix, exercising all the thoroughness possible, until the cul-de-sac is filled and continued until the osteum is reached.

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OVER-SUPPLY AND DIMINISHED DEMAND.—A double suicide which, says the *New York World*, shocked Paris the other day, brought to the attention of the public the financial straits in which, it is said, a majority of the physicians of the city live. Dr. Arnaud de Langlard, an old physician who had been decorated by the government for brave conduct during the cholera epidemic many years ago, committed suicide with his wife because his practice had dwindled to the vanishing point, and starvation was staring them in the face. In commenting upon the tragedy several newspapers asserted that in Paris not more than one doctor out of five is able to make more than the barest living. Among the causes of this poverty among physicians is the destitution of most of their patients. Medical science has made such great strides, too, that maladies of all sorts are more quickly cured, and such precautions are taken to prevent the spread of contagious diseases that epidemics are becoming practically unknown. The number of doctors, on the other hand, has rapidly increased.—*Brit. Med. Jour.*

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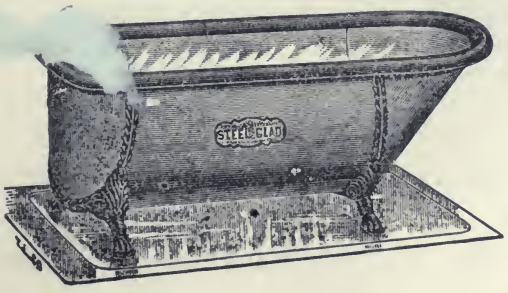

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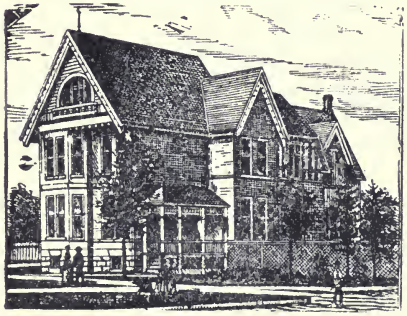

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VOL. III. TORONTO, FEBRUARY, 1896. No. 2

Original Communications.

Toxic Amblyopia.

BY W. E. HAMILL, M.D., TORONTO.

THREE cases which proved to be toxic amblyopia have recently in a few weeks been referred to me, leading one to think that this affliction is of much more frequent occurrence than the authors of Ophthalmology state—a natural conclusion when due allowance is made for the additional cases which must present to specialists of larger observation and possibilities.

Toxic amblyopia when early recognized, being so very amenable to treatment, and yet when overlooked so lamentable in results, prompts me to direct the attention of the general practitioner thereto, with the hope that in a simple way cases which ordinarily first come under their notice may be speedily saved from further ravages on such an important function as that of vision. When the case and cause is detected it is generally conceded by authors that whatever of sight remains, be it ever so little, can be preserved, and in the majority of cases much improved—sometimes normal vision being restored, a happy and by no means rare termination under appropriate

treatment early administered. How important, therefore, it is to discover the cause before organic changes take place. As the name (toxic amblyopia) implies, it is simply a progressive loss of sight due to some substance being absorbed into the system, which toxic element or poison has a selective action upon the optic nerve or its cerebral origin.

There is a long list of substances which possess this property, some acting purely in a temporary functional disturbance of sight, while others produce a permanent organic change which, if continued sufficiently long, may terminate in almost total blindness. Cases are on record from competent observers where amblyopia was produced in idiosyncratic cases from chocolate, quinine, iodoform, alcohol, and some others, with such clearness that of cause and effect there could be no doubt. Perhaps with the exception of alcohol all the above show themselves in the suddenness of the appearance of the diminution or loss of sight, and its rapid restoration a few days later either partially or wholly, hence the history of every case should be fully analyzed, especially in regard to probable causes. But my personal experience for the past three years has been that every case of toxic amblyopia, which came under observation, has been due to tobacco, either alone or in conjunction with alcohol, in one form or other, so that we would not be far astray if we called all cases of toxic amblyopia, tobacco amblyopia; and further, each case had been using tobacco for a number of years, so that the ages of the victims ranged from 35 to 50, with one or two exceptions, and all were the male sex, and both eyes were affected at the same time; the first general complaint being that their sight was hazy or misty, with inability to read as formerly, each of these symptoms gradually becoming worse and worse. It is just at this stage a tobacco amblyope, not suspecting the cause of his trouble as he probably has been using the weed for years, will go to his family physician for advice or to the optician for spectacles, and fortunate the patient who consults the one or the other who recognizes the cause of the trouble, and firmly insists on immediate abstinence from tobacco, or refers the case to an oculist. If nothing more were done than to secure a positive "swearing off," the main feature of restoration and best line of treatment is secured. There is no choice of the patient in this matter, it is either "stop tobacco" entirely or the results are sure to be from bad to worse.

If in addition to the symptoms pointed out in a tobacco user, he also has central color blindness for red and green, *i.e.*, inability to distinguish between the two, the diagnosis is complete as far as possible, without a further use of the ophthalmoscope and perimeter,

unless we use the "pin hole" test, a simple means of distinguishing between amblyopia and ametropia, a method every optician who attempts refraction should be familiar with, and thus in some measure recognize where he (the optician) should step out and the physician or oculist step in.

In conclusion, let me report one of the recent cases which came under observation. Male, farmer, aged 54, family history entirely negative, smoked approximately two ten-cent plugs of tobacco every week for years. Loss of vision commenced three years ago, and gradually became worse, frequently had medicine from his family physician without benefit, and could obtain no glasses to assist vision after many and repeated trials. At the time of my examination he could barely read 1-60, and for many months was unable by any method to read a newspaper. The history and objective examination left no doubt whatever of the cause of his almost blind condition, and yet no one had ever previously even suggested to him that tobacco was at the bottom of it all. There is little hope here of much restoration of sight, and sad reflection of what it might have been.

THE MICROSCOPE IN SURGERY.—Senn, in a recent work on tumors, says that there is no doubt in his mind that the advantages of the microscope as an aid in the diagnosis of tumors have been greatly overestimated. This is a very important statement, and he cites the case of the late Emperor Frederick of Germany as an example. Enthusiastic microscopists did at one time feel as if the character of all tumors could be at once settled by the use of the microscope, but experience has shown that the microscopic appearance of the tumor, its site, character of growth, etc., must all enter in to make a complete diagnosis, and when a piece of tumor is sent to a microscopist for examination, it should not be sent as a puzzle, but a history of the case with all other points should be submitted, and as large a piece of the tumor sent in as is possible. It is extremely difficult to make a diagnosis from scrapings of tissue, and when the surgeon sends the pathologist a piece of tissue for examination, he does not take that step in order to see how much the pathologist knows or what the microscope alone will reveal, but he wishes the pathologist's aid in making a diagnosis, and the two should work in harmony. The microscope usually decides when the naked eye appearances throw a doubt on the character of the tumor.—*Maryland Medical Journal.*

Tubercular Peritonitis.*

BY ALBERT A. MACDONALD, M.D., TORONTO.

THIS disease occurs at all ages. It is rare without a previous or coincident manifestation of tuberculosis in some other part of the body. It is common in children, associated with intestinal or mesenteric disease. It is, however, most frequent for it to commence between the ages of twenty and forty.

Three varieties are described, as (1) Acute miliary tuberculosis; (2) Chronic tuberculosis, with caseation and ulceration and purulent or sero-purulent exudation; (3) Chronic fibroid tuberculosis, with hard pigmented tubercles, little exudation and matting of the serous surfaces.

Clinically I have found it not only difficult to classify, but also even impossible at times to make the diagnosis in the earlier stages of the affection. For whilst it is true that in some cases we have elevation of temperature, rapidity of pulse, emaciation, pain with tenderness on pressure, tympanitis and excessive respiration, there are others in which the symptoms are of such a negative character that the true disease is only revealed by a laparotomy done for diagnostic purposes or for some supposed affection of other parts. Such was the case in 1862, when Sir Spencer Wells opened the abdomen to remove a supposed ovarian tumor but found a tubercular peritonæum, which he drained, to the benefit of his patient. My first case of tubercular peritonitis (reported in 1889) was discovered during a laparotomy for the removal of double pyo salpynx. Though the peritonæum was studded with hardened nodules no sign of their existence was manifested there or elsewhere, and the patient made a permanent recovery.

Lawson Tait, who has had a very wide experience, says "that the great majority of cases are cured by laparotomy." I have seen but one case in which death followed within a few days from the date of the laparotomy, and in that case tubercular deposit elsewhere was the cause of death. Morris gives eighty per cent. of cures following exposure of the cavity of the peritonæum to the air. The percentage of recoveries without operation is not very definitely given. It would be hard indeed to arrive at a correct percentage on account of the great difficulty of diagnosis, and when a case recovers with medical treatment only we have always a doubt as to whether the diagnosis was correct or not. There are some now who go so far

*Read at the Toronto Medical Society.

as to doubt the accuracy of the diagnosis, even if a celiotomy has revealed the presence of the nodules which we heretofore have always regarded as tubercular. To satisfy such doubters, are we called upon to submit the nodules to bacteriological tests, and to demonstrate by inoculation experiments on the lower animals? Are we to consider all cases non-tubercular in which we fail to demonstrate the tubercle bacilli? No! We know from experience at the bedside what the clinical history is likely to be. We know the difficulty of demonstrating bacilli in such situations. We know the doubtful prognosis in untreated cases, and we know of no such sharp turn to convalescence as follows closely upon operation.

Hunter Robb, in his recent very interesting paper on operative procedures in peritoneal tuberculosis, mentions Koenig as the first to open the abdomen intentionally for a tubercular peritonitis. He also gives a collection of statistics of the operation which is very gratifying. He gives the result of his experiments upon a number of dogs, and concludes that "(1) Tuberculous peritonitis in dogs can be cured by laparotomy. (2) Cure is not possible unless the laparotomy is done early. (3) The retrogression of the tuberculous products is brought about principally by inflammatory reaction, which causes infiltration with embyronal cells, phagocytosis and the active development of connective tissue. The specific elements of the tuberculous process are absorbed, and we have a fibrous transformation. (4) In connection with the laparotomy certain physical agents help to bring about this curative action. Among these must be reckoned the mechanical trauma which the peritonæum undergoes during the laparotomy, the thermic influences, the penetration of air into the abdominal cavity, and perhaps the influence of *light*. By these agents an irritation is set up and an inflammatory reaction more or less intense, which is conducive to the arrest of the morbid process. (5) Contrary to the opinion of Vierodot, the evacuation of the exudate is not the sole cause of the cure. In the author's (Robb's) cases the best results were found in those instances in which the abdomen contained no fluid. (6) Dogs must be considered very sensitive to tuberculosis."

I have not made any experiments on dogs, but my experience on human beings leads me to the view that the cases most likely to be cured by laparotomy are the ones where the tuberculosis is primary in the peritonæum and non-existent elsewhere, and where there is a considerable amount of fluid exudation non-purulent in character without any considerable amount of caseation.

One of my cases, however (Mrs. G——), which was followed by complete recovery, is of interest, as in it, contrary to the above

experience, the tubercular peritonitis was of the chronic adhesive or dry variety. The coils of intestine were matted together, and the pelvic organs were also affected. This was in a delicate-looking young woman who had been threatened with pulmonary phthisis, and who had a previous attack of pleuritis, probably of tubercular character, and was altogether one of the most unfavorable cases for laparotomy with the hope of ultimate recovery.

The amount of thickening which the peritonæum will undergo is astonishing, and in some cases where the adhesions are extensive, and where the thickened peritonæum is bound down to the underlying coils of intestine, the difficulty of opening the abdomen is great.

Though in children the result of laparotomy is good, we have authority for treating the cases otherwise; especially is this the case if the symptoms are not urgent and if there is a reasonable doubt as to the peritonæum being the sole site of the lesion. We must remember that "tuberculosis of the peritonæum is rarely a primary disease, and then acute or with high fever and urgent symptoms. The temperature may or may not be high." ("American Text-Book of Diseases of Children.")

In one case which I am now seeing from time to time in consultation, there was a pre-existing pleurisy which may have been tubercular. It was cured by drainage. The tubercular peritonitis came on a few months afterwards, it was accompanied by loss of flesh, irregular elevation of temperature and diarrhœa, with very little evidence of local pain or lesion. On opening the abdomen the peritonæum was very much thickened, and completely studded with tubercular nodules. The amount of fluid removed was considerable; after its evacuation there was an immediate lowering of temperature, with general improvement, which has continued for some months. Though cases with purulent exudation and large caseous masses in the peritonæum are not favorable for operation, I have notes of two or three such cases where recovery took place, the patients remaining well for a length of time. In one of these the omentum was so thickened as to give the idea of an ovarian tumor, and though the disease was diagnosed as tubercular, it was thought that its chief point of origin was probably in the ovary or in the broad ligament. Though in this case, before operation, the temperature was high at times and symptoms urgent, an immediate improvement followed the evacuation of a large quantity of fluid and washing out with water. I might cite a number of cases in which improvement followed incision of the abdominal wall, but suffice it to say that I have not seen a bad symptom in any but the one case already referred to.

With regard to the percentage of recoveries, though, as already stated, Morris gives (in the *Medical Record*, October 6, 1894) eighty per cent., there are others who give less, but it largely depends upon how long the cases are kept under observation, as though immediate improvement may take place we can hardly look upon the patient as cured until a year or two has elapsed.

With regard to the *modus operandi* of the curative effect of laparotomy in these cases nothing is proved, though many theories are advanced. We only know that opening up has a good effect. Whether it is that removal of the exudate takes away the pabulum upon which the bacilli are nourished, or whether the changed atmospheric pressure produces injury to their growth and development, we know not. There are men who argue that recovery might take place as well without operation, and that we cannot prove how the "opening up" has any curative influence. My own experience, and that of many others, leads me to the confirmed opinion that rapid improvement follows operation with such a degree of uniformity and promptitude that we cannot see reason to doubt the efficacy of the remedy.

There are some who attribute important curative properties to germicides, and many different substances have been employed; amongst these I may mention bichloride of mercury, camphorated naphtol and iodoform. For my own part, though I have used some of these remedies, I prefer, until something more definite is learned, to treat my cases by making a fair sized opening in the abdominal wall, emptying the peritoneal cavity of the fluid exudate, breaking down existing adhesions, manipulating the bowels so as to allow free access of air and light, and to "wash out" with a copious supply of sterilized warm water, apply thorough drainage, and whilst feeding up the patient on a liberal diet enforce the most perfect hygienic surroundings.

Phagedenic Chancre.—Dr. Braatz warmly recommends treating phagedenic chancres with topical applications of cupric sulphate. The ulcer is cocainized with a 10 per cent. solution, the undermined edges trimmed away, and then cauterized with a 1 to 5 solution of the sulphate; compresses are afterwards applied, wet with a 1 to 5000 solution, and at first renewed three times daily, later but once a day, and covered with a strip of rubber protective. As the pain of cauterization often continues some time after the cocaine has ceased to act, a morphine injection may be given either before or after. On account of the obstinate character of the affection the cauterization may be required to be repeated several times.—*Centralblatt für Chirurgie.*

Society Reports.

Toronto Medical Society.

THE regular meeting was held on January 30th, Dr. OLDRIGHT presiding.

Verucca Removed by Electrolysis.—Dr. DOOLITTLE presented a patient from whom he had removed a large verucca by electrolysis. The wart involved the whole of the thumb from the middle of the phalanx to the nail. The patient underwent ten or twelve treatments, when the growth was completely removed. The negative needle was passed down through the corium, and a current of one and a half milliamperes used. Normal skin covered the cite of the growth. A number of small warts near the vicinity had been removed at one sitting. The doctor showed how much more effective this treatment was than that by cauterization with various medicinal agents.

Dr. W. J. WILSON explained the method he had adopted, viz, of paring off the warts and cauterizing with nitric acid. He had removed as many as fifty at one sitting.

Club Foot.—Dr. B. E. MCKENZIE read a paper on Club Foot. He presented plaster of Paris casts showing the deformity well marked. The paper first consisted in a description of the pathological anatomy of the condition. He showed how the deformity might be corrected by the mother, by perseverance in manipulating the foot of the young child into the proper shape. The surgeon should constantly have the child under observation, as more active treatment might be necessary. He pointed out that the time of walking was favorable for making the correction. His method of treating equino-varus was by forcible manipulation of the feet (the patient being under an anæsthetic) into an over-corrected position, and held there by means of plaster of Paris splints, a layer of absorbent cotton having been placed next the skin. The splint might remain on for several weeks at a time. After the removal of the splint the chief point in the treatment required the attention of a surgeon, viz., the retention of the foot in the proper position. To accomplish this end, the doctor advised the wearing of a boot constructed on a valgus last, and constructed in such a way as to prevent the return of the deformity. He advised the use of a simple retention apparatus at night. For cases in which the manipulation was not sufficient to produce a perfect correction, the essayist described certain surgical procedures he would resort to in order to

sever facial, ligamentous, muscular and osseous structures which prevented the foot from assuming the corrected position. Such operations should be done under strictest asepsis. The doctor related the history of cases which he had treated with gratifying success ; photographs illustrative of the condition before and after were presented for inspection.

Dr. OLDRIGHT inquired why the tendo Achillis was cut last—where that step was necessary to correct the equinos. He had cases under observation where the division of the tendo Achillis alone had corrected the deformity.

Dr. HUNTER commended Dr. McKenzie's method of treatment. He pointed out the necessity of hyper correction, and that the instruments used as apparatus for preventing recurrence was not coercive, as those of the instrument-makers were. In the third place it allowed physiological action of the foot.

Dr. MCKENZIE, in replying, pointed out that the varus was more easily corrected before the tendo Achillis was severed.

Puerperal Eclampsia.—Dr. SCADDING read a paper on Puerperal Eclampsia.

Case 1. Mrs. E——, aged 23. Confined 23rd of January. Anæmic previous to confinement, with high tension pulse. Delivery natural ; no hæmorrhage. An hour and a half after expulsion of placenta she was seized with a convulsion, which he did not have the opportunity of observing. She became unconscious. The pupils were dilated. Morphia was administered. She recovered and there was no return of convulsion. Examination of the urine before confinement was not made ; after, the albumen was about one-half by volume. The albumen disappeared entirely.

Case 2. The second case occurred in a woman confined November 3rd, 1895. She suffered from vomiting in the early months of pregnancy, which was relieved by stretching of cervix and application of twenty grains of nitrate of silver. No albumen was found in the urine. During the dilatation of the cervix after the onset of labor, vomiting supervened. Chloroform was given. After the birth of the child, before the expulsion of the placenta, a convulsion took place. After the expulsion of the placenta three other convulsions followed. Chloroform and morphia were administered. While attention was being paid to the fit, an immense internal hæmorrhage took place. On examining the urine withdrawn by catheter, considerable albumen was found, which gradually lessened.

The essayist then entered into a discussion of various theories of the causation of eclampsia, discussing the question of renal inadequacy,

hepatic inadequacy, deterioration of the blood, and increase of blood pressure. He gave a resumé into the bibliography of the subject. He dwelt on the element, the lengthened second stage of labor, as an important one in the production of albuminuria, and also upon the failure of the kidneys to secrete within the blood some substance, the absence of which led to the convulsion. In view of this last theory, he suggested as a scientific method of treatment, the administration of the extract of the parenchyma of the kidney of the sheep.

Dr. WEBSTER reported the history of a case which occurred in a woman who was confined at the end of six and a half months. Since that time she had given birth to a child full term without any trouble.

In the second case the labia were swollen to a tremendous size; there was marked œdema; the labia were of an immense size; labor was induced; recovery followed.

In the first case the woman was in perfect health when he saw her at a previous date. She had had two children without difficulty. When called on this occasion the woman did not think she was in labor. But she was vomiting and had severe pain across the epigastrium, and headache. Morphia relieved the condition. A few hours after labor came on. A tonic contraction of the uterus, lasting half an hour, expelled the child before the doctor arrived. He expelled the placenta. A few hours after she had a convulsion, becoming comatose. The breathing was very painful. She had a second fit in the morning, and another on the following evening, when she died. Albumen was present in large quantities in the urine.

Dr. W. J. WILSON said he considered there was a great deal yet to learn about this subject. He had used morphia with good results. The worst cases he had seen had occurred after labor. He called attention to the fact that in certain cases the pupils were contracted instead of dilated. Certain extracts found in albuminous urine were narcotic; others were convulsive, and it seemed in some cases as though the one balanced the other to some extent. Perhaps there was something retained by the kidney which it could not excrete. In regard to treatment, he pointed out the objection to potash salts—how their presence in the blood predisposed to convulsions. The free movement of the bowels would eliminate certain poisons, thus relieving the kidney from this duty. The speaker alluded to the value of diaphoretics and diuretics. He also discussed venesection. He considered the amount eliminated this way to be very small. He discussed also the method of treatment by the inhalation of oxygen.

Dr. DOBIE related the history of a case in which he had used chloroform to mitigate the convulsion, and pilocarpine to produce

sweating. Jalap powder and croton oil were used as purgatives. In this case the albumen disappeared shortly after labor.

Dr. McDONALD said that eclampsia occurred chiefly in pale, anæmic women, occurring in about one out of six hundred labors, and chiefly in early pregnancy. Old standing kidney lesions were less liable to cause eclampsia than recent ones. Good croton oil was very effective. It was often placed on the tongue, and never reached the stomach. Nitro-glycerine might be given to relieve the blood pressure. Chloral hydrate injected into the bowels would act as a favorable sedative. Oxygen gave temporary relief, but was of little practical benefit. Treatment needed to be prompt. If the attack occurred before labor, delivery should be immediate under an anæsthetic.

Dr. R. J. WILSON considered eclampsia a result of a failure of all the emunctories to act, and not of the kidney toxæmia. Four cases in his own practice all occurred after labor. He had used chloroform after emptying bowel. He had good results from veratrum viride.

Dr. HUNTER had used in an attack, chloroform and croton oil followed by veratrum viride.

The PRESIDENT emphasized the value of diuretics and purgatives where swelling of the feet and legs occurred previous to labor.

ETHMOIDITIS AS A CAUSE OF INSANITY.—Some years ago Dr. Rumbold called attention to the prevalence of ethmoiditis in many cases of melancholia. Of late the medical journals have contained many corroboratory articles, and numerous cases that have been subjected to intra-nasal operations have been reported as either permanently relieved or greatly benefited. Formerly the drift of the profession was towards treatment by local applications alone; but the desired success not being attained, recourse has been had to surgical interference. The results obtained being so marked, a craze seems to have set in for operating, and many cases are now cauterized, curetted or burred that really need only appropriate local and constitutional treatment. While many brilliant and even startling results have followed operative interference, it is well not to promise or expect too much from such procedures. Always remember that the operation is but part of the treatment, and that local and constitutional remedies will have to be used in order that permanent benefit may be derived.—*Journal of Laryngology.*

Editorials.

Promiscuous Expectoration by Phthisical Patients.

CONSIDERABLE attention has of late, and most deservedly, been drawn to the pernicious practice indulged in by many phthisical patients of expectorating in public places and in public conveyances.

A few days ago the Secretary of the Provincial Board of Health, in the lay press, drew the attention of the public to the indulgence in this practice by patients travelling in street cars in Toronto, and pointed out the great danger to the public from such a dissemination of the tubercle bacilli.

On a recent Sunday evening, we attended service in St. James' Cathedral. The building was crowded. We sat immediately next a young man who had recently been a patient in the consumptive ward of the general hospital, where he had been taught to exercise the utmost care as to where he should void his sputa; and from which place no doubt he had been discharged partially relieved. His distressing cough was accompanied by copious expectoration which he covertly dropped on the floor, plastering it around with the sole of his boot. Another medical man who sat just across the aisle, apprehensively shivered. The benefit of the impressive service to two men at least (who perhaps required it as much as anybody) was lost. One of them suggested in a quiet and kindly way to the young man that he should use his handkerchief, as being the less of two evils; whereupon the young man in a few minutes arose and left the cathedral.

The writer, while taking a night trip by train recently, before retiring at a late hour, went into a smoking car, where a number of men were smoking and expectorating freely. Large pools of dirty expectorated material nearly covered the floor between some of the seats. Near one end a man was doubled up trying to sleep. His appearance with his nasty cough accompanied by an abundant mucous and purulent expectoration, which he ejected in copious quantities on the floor, gave little doubt as to the malady from which he was suffering. The car was reeking with smoke; and this with its overheated condition, which was causing a rapid evaporation of the dirty pools, made of it a very filthy place.

During the summer of 1894, while passing through the countryside,

we called at a farm house where a young man was suffering from phthisis. The house was dirty and ill-ventilated. The young man was attempting to expectorate into the stove. A part of his sputa fell on the damper and was drying there. There was evidence to show that the floor had also been used as a receptacle. In a short time the young man died. Within one year the father, a strong man, succumbed to tuberculosis. Need such instances be multiplied?

Who is to blame? Are the members of our profession, who are aware of the contagiousness of this "white plague" which is carrying one-seventh of our population to the grave, alive to their duty? Is it not time that greater provision was made for the public safety? Should not receptacles be placed in public places and conveyances for the convenience of the afflicted members of our community who are able, and have the liberty to go about transacting their business?

We are sure that if public attention be aroused to this tremendous danger, the means of its mitigation will easily be found.

Fistula in Ano.

It is now the opinion of those best versed in rectal surgery that in nearly every case fistula in ano has its commencement in an abscess in the region of the rectum, or ischiorectal fossa.

These abscesses are of two kinds: the acute, or inflammatory, and the chronic, or cold. As to the locality there are three main sites: the abscess that forms at the margin of the rectal orifice, those that form in the tissue around the rectum usually some distance off, and those that form in the ischiorectal fossæ.

Many methods of treatment have been adopted in the efforts to cure these fistulæ. When there is only an external opening, the sinus can usually be healed by carefully cleansing it out and treating with proper dressings, and using antiseptics to the suppurating cavity.

The complete form is best treated with the knife, by laying open the fistula from the external to the internal opening. All old hardened tissue should be carefully removed, and the rectum thoroughly cleansed out and the wound packed with iodoform gauze. Some surgeons now advise rendering the rectum thoroughly aseptic, and opening up the fistula, removing all diseased tissue and clearing out all arms or pockets. The wound should then be closed carefully. By means of a half-curved needle, cat-gut sutures are placed close together down beyond the base of the fistula, so that they do not appear in the wound. The hole is again washed out with bichloride,

one in four thousand, and the sutures tied. The rectum is then packed with iodoform gauze. The bowels should be kept quiet by means of opium for four or five days, and then moved by copious enemata. The patient is confined to bed during the healing.

The blind internal fistula has to be converted into the complete variety and treated as above.

In the horse-shoe form it will not do to divide the sphincter on both sides at one time. The usual course is to operate on one side, and after good union has been obtained, the opposite side may be treated.

The methods of treating fistulæ by the ligature and the cautery are uncertain as compared with that of the knife. In the majority of cases they are also more painful than the cutting operation. The plan of treating by enlarging the external opening and curetting the sinus answers in some selected cases; yet there is always the risk that the internal opening may not heal, and the fistula continues unimproved.

There can be no doubt that the best surgical procedure for fistula in ano is to open the sinus freely. Then see that all arms and pockets are thoroughly cleansed out, and curetted if necessary. The wound should be treated either by packing with gauze, or by sutures.

The advisability of operating on phthisical patients has been much discussed. Eminent authorities can be found who condemn the operation in these cases. One can hardly fancy a fistulous channel at the side of the rectum as being of any advantage to a phthisical patient, and the best opinion is now in favor of operating in all cases where there is sufficient vitality to heal the wound.

Lumbar Puncture.

SINCE the introduction of Lumbar Puncture by Quincke, in 1891, its merits as a diagnostic and curative procedure in cerebral and spinal diseases have been tested both in Europe and America. The technique is so exceedingly simple that the general practitioner may feel no hesitancy in performing the operation in suitable cases. The spot chosen should be between the third and fourth or fourth and fifth lumbar vertebræ, a little to the right of the median line, the aspirating needle being introduced from two to eight centimetres. While its curative value can never be eminent, owing to the fact that it does not remove the cause of the trouble, its value as a means of diagnosis is of great importance. It tells the pressure

under which the fluid stands, the presence and amount of albumen and sugar; and the presence of blood, pus, micro-organisms, etc., may be ascertained. In meningitis, due to tubercle, a clear fluid containing tubercle bacilli would be obtained; in the purulent form the fluid would be cloudy and contain the various pyogenic cocci, while in cerebral abscess there would be a clear fluid and no organism. The diagnosis of intra-ventricular hæmorrhage and hæmorrhage of the spinal canal might also be diagnosed with more or less certainty.

Use of Antitoxic Serum for Prevention of Diphtheria.—In concluding a paper on this subject (*Medical News*, November 30), Dr. Hermann, Biggs, of New York, states that of 1,014 persons immunized, bacilli having been found in their throats, sixteen cases of diphtheria occurred—three in from one to thirty days, and thirteen in from thirty to one hundred and ten days after immunization.

* * *

The Diagnosis of Renal Calculus in Women.—Dr. H. A. Kelly (*Medical News*) makes a diagnosis by catheterization of the ureter, the urines from each kidney being collected at the same time. This enabled him to demonstrate a unilateral or bilateral pyelitis, and the grade of each—by suction at the outer end of the catheter to bring down bits of stone for microscopical and microchemic examination.

* * *

Sixty-Three Cases of Enteric Fever Treated by Systematic Cold Bathing.—Dr. J. C. Wilson (*Medical News*) says the treatment consisted of two laxative doses of calomel to patients admitted prior to the tenth day; a full plunge-bath at a temperature of about 70°·F. every third hour, so long as the axillary temperature continued to rise to 102° F., whiskey being given during or after the bath. Diet—milk and broths; no solids until temperature had been normal a week. Of these four died—mortality of 6.3 per cent. Of the four fatal cases, two were not bathed, and three of those who recovered were not bathed, leaving fifty-eight cases bathed, with two deaths.

* * *

Is Bicycling good for Women?—In reply to a letter asking if bicycling is good for women, Dr. W. P. Playfair writes (*British Medical Journal*, December 21, 1895), that he had seen one case only in which injury had been done—a trivial ecchymosis of the

external labia caused by a bar. Marked uterine or ovarian lesions contra-indicate this form of exercise. Dr. Herman favors the bicycle for women. The ill effects result from two faults: too great a distance from the seat to the pedals, causing side movement of the pelvis with consequent strain on the muscles of the back and loins, and friction of the sensitive external genitals; the other is a badly shaped saddle. Medical men, when consulted by women desirous of bicycling, should insist on the avoidance of these two faults.

* * *

THE TREATMENT OF CHOREA.—Dr. J. Madison Taylor, in Philadelphia *Polyclinic*, January 11, remarks, on the treatment of chorea, (1) That specific medication may be required for rheumatism, malaria, or other microbic cause, and empiric use of arsenic which yields such good results in this disease. (2) Rest to the body is of the utmost importance. (3) Attend well to the nutrition of the patient. (4) The re-education of the co-ordinating power. After attacks of chorea, the irregular movements are often kept up as a sort of habit. Care may be required to overcome this. Much may be done in this way by careful instruction. With regard to the administration of liq. arsenicalis, the author recommends the following plan of graduated increase up to, say, the tenth day:

First day	3	3	3
Second day	3	3	4
Third day	3	4	4
Fourth day	4	4	4
Fifth day	4	4	5

etc. The salicylates should always be given where rheumatism is suspected, and quinine where ague exists.

* * *

PROPOSED CHANGES IN THE BRITISH PHARMACOPŒIA.—The reports in the *British Medical Journal* of the section of Pharmacology and Therapeutics on proposed changes in the British Pharmacopœia are of much interest. D. J. Leech, of Manchester, in referring to a circular of inquiry responded to by 5,609 practitioners, found that 54 official drugs, out of 135 which the committee considered the least used drugs, were never used by 5,000 of those who responded. He questioned the wisdom of having details of making poultices, inhalations, etc., included. It was desirable that opinion should be elicited as to what should be done with tabloids, granules, etc. The tests for impurities were now given, but not the impurity. He

advocates the naming of the average dose of drugs, and such a change in the dosage as would make it more easily remembered. Dr. MacAlister recommends the classification of the tinctures in order to make the doses more easily remembered. Extracts, and the various preparations of the same drug might be "standardized" by grouping in a series of decimal gradation. The addition of "dilute," and "fortior" should be abolished by having only one strength of acids and salines in which these words were employed. Dr. J. B. Bradbury said that many of the Galenical preparations and the description of the preparation of the various commercial substances, as chloroform, might be omitted, and their place taken by information as to solubility of substances under varying conditions, and the neutralizing equivalents of the commoner acids and alkalies. A correction of dosage should be made, *e.g.*, H.C.N. dil., liq. ext. ergot, bismuth subnitrate, etc. He would replace the present doses of all drugs by the maximum. Where two solutions of the same drug exist one should be done away with. The metric system should be adopted. Only such new remedies as have proved of undoubted value, as thyroid extract, should be received.. Among further comments by others was one on the opium suppository, the ½ grain being considered too large a dose.

* * *

PROFESSOR BENEDIKT.—The following letter received from Dr. Weiss will be of interest to many of our readers :

VIENNA, January 1896.

DEAR SIR,—

It will be 40 years on the 2nd February 1896, that Professor Benedikt commenced his litterary carreer. The undersigned international committee intends together with other friends to give a lasting prove of their sympathy and admiration for the well-known learned man in the form of a ,, Plaquette en Bronze " showing his portrait.

We take the liberty to invite you to associate with us and to take part at the intended festivity.

In the name of the committee the Honorary Secretary

DOCTOR HEINRICH WEISS,
Vienna, IX., Liechtensteinstrasse 2.

P.S. Letters to be directed to the Honorary Secretary. The prize of one plaquette is fixed with 10 Francs.

* * *

TREATMENT OF GASTRIC ULCER.—Dr. W. S. Samson, of Flat, O., in Cincinnati *Lancet-Clinic* for January 11, recommends in the treatment of gastric ulcer, the washing out of the stomach each morning. For this he uses a French tube, No. 9, and a solution of sodii bicarb. in tepid water. Great care is taken in the use of the tube to avoid injuring the viscus, and to perform the operation with as little straining

as possible. The alkali favors healing and eases the patient. Three drops of chloroform are given every two hours. This relieves pain, lessons vomiting and acts as a styptic when there is a tendency to hæmorrhage. All food is prohibited except malted milk. This is given at regular intervals and in small amounts at first. The author does not recommend rectal feeding. He has never had occasion to resort to it, and thinks if the above treatment be carefully carried out, the ulcer will heal without recourse to feeding by enema.

* * *

ETHEL CHLORIDE AS AN ANÆSTHETIC.—Dr. E. B. Ward, in *International Journal of Surgery*, January, 1896, gives his experience with the above agent as a local anæsthetic. He claims that it is free from danger and acts very rapidly. He gives instances of opening a felon, a carbuncle, a fistula in ano, a palmar abscess, etc., under its application, and with perfect ease to the patients. The effects do not last over two or three minutes, but this may be prolonged, as required, by continuing the spray. There is not the risk that attends the employment of cocaine, nor the inconvenience of the freezing in ether spray. Patients are delighted with the results.

* * *

THE USE OF ANTISEPTICS IN THE TREATMENT OF INFANTILE DIARRHŒA is the title of a paper by Dr. W. Soltan Fenwick, in a recent number of the *British Medical Journal.* He points out that the fermentation of the milk ensues from the presence of the B. lactis aërogenes and the B. butyricus, while others are found in the stomach of infants suffering from indigestion. The first-named converts the milk-sugar into lactic acid with the precipitation of casein; while the latter changes a portion of the lactic into butyric acid, liberating free hydrogen. These products cause pain, distension and vomiting. Lack of treatment with continued feeding leads to the second stage—gastro-intestinal catarrh, by direct irritation with diarrhœa, which is often followed by a cirrhotic condition of the mucous membrane and follicular ulceration of the colon. Soluble antiseptics, as carbolic acid, perchloride of mercury, lactic acid, hydrochloric acid, salicylate of sodium, and resorcin obviously exert their specific on the stomach and upper part of the small intestine. The insoluble, as naphthalin, beta-naphthol, betol., benzol-naphthol, salol, the salicylates of bismuth and strontium, and calomel are more suitable to control bacterial activity in the intestine. In the majority of cases the tasteless and comparatively non-toxic powders, such as calomel, bensol-naphthol, and the salicylates of bismuth and strontium, or the soluble anti septics like resorcin and the acids, are preferable.

REDUCTION OF HUMERUS.— Dr. J. M. Ward, in *Medical Record*, January 11, remarks that he has employed the following method for forty years for the reduction of dislocation of the humerus. The clothes are removed and the patient placed on his back on a bed, sofa, table, or the floor. The surgeon seats himself on the side of the dislocation, and, with the hand nearest to the patient firmly grasps the shoulder at the junction of the scapula and clavicle. With his other hand he extends the dislocated arm outwards and upwards to the patient's head. He then gives it to an assistant if there be anyone at hand. His free hand he uses to manipulate the humerus into position, which is readily done. If there be no assistant, he leaves the arm in the extended position, and takes his hand, as above, to effect the reduction. He has never found difficulty in effecting the reduction, nor has he needed chloroform.

* * *

BICARBONATE OF SODA IN COLDS.—Dr. L. Duncan Bulkley, in *Medical Record*, January 18, relates his experience in the treatment of colds by the administration of bicarbonate of soda. This use of the remedy he discovered accidentally. When suffering from a cold he took some of the alkali for stomach acidity. In a short time he repeated the dose, and found that the cold was greatly relieved as well as the acidity. On other occasions he tried it upon himself and others, and finds it of the greatest service. His method of employing the bicarbonate is to give twenty to thirty grains to an ordinary adult every half-hour, in about three ounces of water, until three doses are given, and then a fourth dose in an hour. In two or three hours the course of four doses may be repeated if the cold is not broken up. He has very seldom found it necessary to administer a third course of four doses. In the influenza type of colds he orders five to ten grains of phenacetine with ten to twenty grains of soda bicarbonate in powders. One of these is taken every two hours in hot water for a day or two.

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BURIED TENDON SUTURES.—Dr. Henry O. Marcy, of Boston, in the New York *Medical Journal*, January 4, claims that properly prepared tendon is the best material for buried sutures. The animal that yields the best tendon is the small kangaroo. The tendons obtained from the tail of this animal make excellent sutures. The hind leg of the moose also yields a good tendon. The tendon should be removed from a freshly killed animal and quickly sundried, and kept dry until ready for preparation. This is done by soaking the tendons in 1-1000 bichloride of mercury until supple. They are then

placed between sterilized towels, and assorted into bundles, and chromicized with the greatest care in a 1 to 20 watery carbolic acid solution, to which has been added one four-thousandth part of purified chromic acid. The tendon must be immersed in the solution at once. The process goes on with varying degrees of rapidity, and completed the tendon should be of a dark golden color. The tendons should then be dried between sterilized towels in the sunshine. The tendons are then put in carbolic oil and bottled, and carefully corked and sealed. When required the tendons are removed and soaked in mercuric solution until supple, and placed between towels wet in 1 to 1000 mercuric chloride, from which they are removed as required; or they may be placed in solution of bichloride. The aseptic suture, buried in an aseptic wound, is a near approach to the perfect ideal of surgery. By it all deep wounds can be closed. Even the major amputations can be so treated that the deep parts can be brought into coaptation without recesses, and with no need for drainage. It is well to apply these sutures on the continuous plan, as by this means less material is required, there are less knots, and the tension on the structures is more evenly distributed. If there is likely to be much tension on the tissues the double continuous suture is recommended, passing the suture in opposite directions, as the shoemaker carries his bristled threads. The tissues should only be coaptated, but not constricted. The end of the suture is fastened by a slipknot. The needle is then deeply buried in the tissues. Each stitch is entered opposite the emergence of the previous one.

Military Medical Notes.

"First Aid" has this to say about the new regulations prohibiting the use of the Geneva Cross by regimental stretcher bearers:

"The new regulations affecting the regimental bearers of the Volunteer Service have not been received with universal satisfaction by the members of the various regiments affected. Whether the step is a wise one it would perhaps be premature on our part at present to express an opinion; the general idea appears to be that it has been taken with a view of promoting the formation of Volunteer Bearer Companies to be attached to the various Brigades, thereby increasing the efficiency and usefulness of this special branch of the volunteer service. One thing has been evident for some years past, in many regiments the regulation number of two men per company has been largely exceeded; no doubt it is highly desirable that as many of our

citizen soldiers as possible should undergo instruction in ambulance work, for not only is the knowledge likely to prove of value in connection with their regimental duties, but it will also prove of inestimable advantage to them in their civilian capacity. At the same time to see large numbers of men in the ranks carrying rifles and wearing the red cross on their arms looks very much like a mild contravention of the Geneva convention, and has more than once provoked adverse criticism from those who are thoroughly conversant with the regulations that govern the right to wear this badge in foreign armies.

"In the event of our Volunteer Army being obliged to take the field, the present system would, we believe, prove quite incapable of coping with the work which would be thrown upon it, and the fact of its having little or no transport service would only make its inadequacy all the more apparent; and it therefore seems to us advisable to consider whether means could not be taken to make use of some other material which we have at hand, ready for an emergency of this kind. We refer, of course, to the St. John Ambulance Brigade, which might and ought to be brought more into touch with our auxiliary forces. The members are now carefully trained in all the branches appertaining to the higher grades of first aid, they are regularly drilled on the same lines as their military brethren, and their services being constantly requisitioned for ambulance duty on the occasion of large public gatherings, they are thoroughly grounded in all details connected with the transport of the sick and injured. The Nursing Sisters, too, many of whom are actively engaged in district nursing, would prove of the greatest possible assistance to the Nursing Sisters attached to the Army Medical Department. We remember some years since that Lord Wolseley, referring to the inestimable value of the work of the St. John Ambulance Association remarked—'One could not help thinking that the time might one day arrive when the dire necessity of war might be seen on their own shores, even in the centre of civilization in which they now stood; and if that time should ever arrive it would be of the greatest advantage to have a number of men and women trained in this valuable work, and able to offer to the Army Medical Department their services, to act as nurses and orderlies in looking after the sick and wounded.' Words like these, coming from such an eminent authority as Lord Wolseley, were regarded at the time as a grand tribute to the unselfish work carried on by the Association. Having conducted and witnessed many of the large campaigns that have taken place in our own times, Lord Wolseley knew full well the value of the services which are rendered by the Ambulance Corps, both regular and volun, tary, during the progress and at the termination of a battle."

Book Notices.

The Functional Examination of the Eye. By J. HERBERT CLAIBORNE, Jun., M.D., Adjunct Professor of Ophthalmology in the N.Y. Polyclinic; Instructor in Ophthalmology College of Physicians and Surgeons, N.Y.; Assistant Surgeon to the New Amsterdam Eye and Ear Hospital; author of "Theory and Practice of the Ophthalmoscope." One hundred pages with twenty-one illustrations. Philadelphia: The Edwards & Docker Co., 518 and 520 Minor Street.

Contains the facts necessary for the examination of the eye as pertaining to refraction expressed in a simple, clear and attractive manner —a fit companion for the author's previous work on the ophthalmoscope. The type and binding are also excellent.

* * *

A Manual of Medical Jurisprudence and Toxicology. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College. Second edition, revised; 55 illustrations and 3 plates in colors. Price, $1.50. Philadelphia: W. B. Saunders, 925 Walnut St. 1896.

In this practical manual the author has given a brief bibliography bearing upon the statements made originally in the text of the work as based upon his own experience as coroner's physician to the city of Philadelphia for a number of years. The order of subjects is: Signs of death; manner of making a post-mortem in medico-legal cases; study of wounds, blood stains; signs of death from various causes; rape; signs of pregnancy; fœticide; infanticide; legitimacy; feigned diseases; and insanity. Two chapters are devoted to toxicology. The work is well gotten up and very readable. It recommends itself as a splendid book for students.

* * *

The Year-Book of Treatment for 1896. A Critical Review for Practitioners of Medicine and Surgery. 12mo., 484 pages. Cloth, $1.50. Philadelphia: Lea Brothers & Co., publishers, 1896.

Every practitioner will readily appreciate the especial value of a work which summarizes a year's advances in all departments of medicine and surgery, and presents them in classified form for ready assimilation or quick reference. Twelve issues of this year-book attest its usefulness and popularity. Prepared by a corps of twenty-six editors, each eminent in his assigned department, the volume can be trusted as at once thorough and authoritative. It closes with a

classified list of the best new books, a section on Medical Instruments and Surgical Appliances; Pharmaceutical and Dietetic Novelties, and an index of subjects placing anything in the volume instantly at command. In this, the twelfth issue, a section on Tropical Diseases, by Dr. Manson, has been added, and the section on Diseases of the Stomach, Intestines and Liver has been contributed by Dr. Hale White. Some of the more important of the new inventions and therapeutic and dietetic novelties that have been introduced during the past twelve months are noticed in a special supplement. This is a most valuable year-book, and the price is reasonable. All physicians in active practice should secure a copy.

* * *

An American Text-Book of Surgery. For Practitioners and Students. By CHARLES H. BURNETT, M.D., PHINEAS S. CONNOR, M.D., FREDERICK S. DENNIS, M.D., WILLIAM W. KEEN, M.D., CHARLES B. NANCREDE, M.D., ROSWELL PARK, M.D., LEWIS S. PILCHER, M.D., NICHOLAS SENN, M.D., FRANCIS J. SHEPHERD, M.D., LEWIS A. STIMSON, M.D., WILLIAM THOMSON, M.D., J. COLLINS WARREN, M.D., and J. WILLIAM WHITE, M.D. Edited by WILLIAM W. KEEN, M.D., LL.D., and J. WILLIAM WHITE, M.D., Ph.D. Second edition, carefully revised. Philadelphia: W. B. Saunders. 1895. Pp. xiv., 1248. Price, $7.00 cloth, $8.00 sheep. For sale by subscription only.

In speaking of the first edition of this work, which has been adopted as a text-book in over sixty medical schools in this country, the London *Lancet* says: "If this text-book is a fair reflex of the present position of American Surgery, we must admit it is of a very high order of merit, and that English surgeons will have to look very carefully to their laurels if they are to preserve a position in the van of surgical practice." The three years that have elapsed since the first edition was published have been years fruitful in surgical progress, and a number of topics have been added to the text as well as others expanded. Among the many changes in the text may be mentioned the effect of the modern small arms in military surgery; a new section on acromegaly; the Hartley-Krause method of removing the Gasserian ganglion; the osteo-plastic method of resection of the skull; a description of Schede's operation; Witzel's method of gastrostomy; the use of the Murphy button; a chapter on symphyseotomy; Macewen's method of compressing the aorta in amputation at the hip-joint; the sections dealing with fractures and dislocations, appendicitis, cure of hernia, etc., have been enlarged. Many new illustrations have been added, so that now this remarkable work stands unrivalled as an exponent of the latest and best in surgery.

Don'ts for Consumptives, or the Scientific Management of Pulmonary Tuberculosis, is the title of a book which, under the authorship of DR. CHARLES WILSON INGRAHAM, will soon be issued by the Medical Reporter Publishing Co., of Rochester, N.Y.

The complete work of thirty-five chapters is devoted exclusively to the general management of Pulmonary Invalids, no reference whatever being made to drug treatments. The object of the author is to supply the physician with a practical work, and at the same time, by eliminating technical terms, reduce the text within the easy comprehension of the intelligent patient. Special attention has been given those chapters pertaining to the destruction of tubercular infection. The book will be printed on 72-pound antique book paper, bound in cloth (imitation morocco), with title in gold leaf. Price, $1.75.

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NOTICE TO LIBRARIANS, AND TO PHYSICIANS HAVING UNUSED MEDICAL PERIODICALS.—Dr. George M. Gould, 925 Walnut Street, Philadelphia, requests Librarians of Medical Societies, Colleges, and Associations to send him lists (with precise dates, etc.) of such periodicals as they need to complete their files. He also begs physicians (or legatees) to send him accurate lists of such periodicals (or books) as they are willing to donate to libraries. Lists only are desired, not the periodicals themselves, until after correspondence it shall have been determined (1) where they are needed; (2) where they will be properly cared for; (3) where they will do the most good to medicine. It is Dr. Gould's intention to aid established libraries in completing their files by thus forming a kind of (gratis) Exchange, and to encourage the formation of new public medical libraries by utilizing some of the vast number of valuable medical publications at present going to waste or destruction.

ALL our subscribers must have had interesting cases. They are invited to send brief reports for publication.

* * *

THE law of England permits the marriage of boys of fourteen with girls of twelve, but the common sense of the community has brought it about that the average age of first marriages is 26.55 for men and 25.04 for women; or, taking five-year periods, that the largest number of men marry between twenty-five and thirty, while the largest number of women marry between twenty and twenty-five.— *The Hospital.*

Selections.

THE DIETETIC TREATMENT OF CHRONIC HEART DISEASES.—Glax (*Wien. med. Presse*) says that for fifteen years he has insisted on the importance of restricting the amount of liquor ingested by patients with heart disease. Such a restriction, he says, often alone suffices to bring about compensation, and in many cases in which such drugs as digitalis are beginning to lose their power it is restored by making the liquid ingesta correspond to the excretion.—*New York Medical Journal.*

* * *

MORTALITY FROM DIPHTHERIA SINCE THE INTRODUCTION OF THE SERUM.—Counting the cases of mortality from diphtheria in France during the first semester of the years 1888 to 1894, Mr. H. Monod found the average to be 2.627. During the first semester of 1895 it was only 904 deaths, or a diminution of 65.6 per cent. If we consider that diphtheria is more common in the country than in the towns, we may figure 15,000 the number of lives saved in France by the use of the serum.—*Le Progres Medical.*

* * *

FOR TORPOR OF THE LIVER:

℞ Acid. nitro-hydrochloric dilut. ..... ℥ x
Tinct. podophyllin ..... ℥ x
Succ. taraxaci ..... ʒj
Tinct. nucis vomicæ ..... ℥ x
Syrup. zingiberis ..... ℥ xxx
Aquæ menthæ piperitæ, q. s. ad ..... f ʒss.

M. Sig.: In water three times a day.—*Practitioner.*

* * *

RECURRENT CANCER OF THE STOMACH.—Davey (*Lancet*, July 13, 1895) reported in the *Lancet* of April 12, 1890, a case of carcinoma of the pylorus for which pylorectomy was performed. The patient recovered perfectly, could eat anything, and had no dyspeptic symptoms. In June, 1893, the patient was seized with severe hematemesis, from the effects of which he was well until six months later, when he began to complain of indigestion. At this time a small tumor was discovered just beneath the old cicatrix. He died, December, 1894, almost four years after the operation. The *post mortem* showed a cancerous ulcer invading almost the entire mucous membrane of the stomach.—*University Medical Magazine.*

ICHTHYOL-TRAUMATICIN IN THE ABORTIVE TREATMENT OF ERYSIPELAS.—This remedy, first lauded by Juhel Renoy, is again brought into prominent notice by the same author and Bolognesi (*Bull. gén. de thérap.*, February, 1895; *Brit. Jour. of Dermat.*, January, 1896). They maintain that in about 60 per cent. of cases its action is really abortive. Three parts of ichthyol are dissolved in ten of traumaticin; the combination is a dark-brown, thick liquid, which can be applied with a brush without producing marked disagreeable effects. The application should transcend the limits of the affected part by about three-quarters of an inch, and it is always desirable in erysipelas of the face or scalp to examine the ears very carefully, and, even if they are unaffected, to surround them with a broad band of the application as a protective.—*New York Medical Journal.*

* * *

STRYCHNINE IN PREGNANCY.—Olenyn (*Protocol of the Medical Society of Tombow* for 1894) has successfully used strychnine in sixteen cases for the correction of weak labor-pains in doses of $\frac{1}{32}$ to $\frac{1}{25}$ grain twice daily, at intervals, during the last six or eight weeks of pregnancy. Four of these cases were anemic primiparæ from 19 to 32 years of age with weak muscles; three were multiparæ under 30 years, with habitual weak labor-pains; four suffered from chronic metritis and had been pregnant at intervals of from three to twelve years; one patient had a small uterine fibroid; two had flabby uterus and relaxed abdominal walls; one had tertiary syphilis and general debility, and another diseased appendages with hysteria. In two primiparæ the forceps had to be used, and in one the child was dead; but in all the other cases delivery was rapid and regular and the children lived. The third stage lasted from ten to twenty minutes and *post-partum* contraction of the uterus was excellent.—*University Medical Magazine.*

* * *

ACUTE VAGINAL GONORRHŒA must be treated promptly and energetically to prevent future pelvic disease. Dr. Bloom advocates the immediate washing of the vagina and contiguous parts with solution of hydrogen dioxid. It seems to be the one agent that searches every fold and crevice, cleansing and putting them in condition for the next step, which consists in the thorough application of silver nitrate in solution (sixty grains to the ounce) over the entire surface. This is at once followed by the careful packing of the vagina with powdered boric acid, and the placing of a small soft wool tampon. This ends the first or important part of the treatment. The patient is requested

to return in twenty-four hours for the removal of the tampon and packing. These are carefully taken out, with probably a cast or exfoliation of the destroyed or infected tissue, if not as a whole, in large flakes and sufficiently deep to destroy the gonococcus in the papillary layer of the mucous membrane. This practically cures the gonorrhœa. A simple wound remains, and the next step is to wash this raw surface with a solution of mercuric chlorid, $\frac{1}{4000}$; following this by loosely packing the vagina with moist iodoform gauze, which is allowed to remain seventy-two hours. Upon its removal the surface will present a clean, healed appearance.—*The Philadelphia Polyclinic.*

* * *

The Treatment of Asthma by a Strict Milk Diet.—Huchard (*Semaine Médicale*) reports a number of successes in the treatment of cases wrongly called neuropathic or reflex asthma by the use of a strict milk diet. He has found the same regimen of great benefit in cardiac cases with nocturnal paroxysms of dyspnea. He considers the dyspnea in these cases to be due to ptomaines that find their way into the sluggish circulation and poorly oxygenated blood from the alimentary canal. He has found it only necessary to interrupt the strict milk regimen and resume a mixed diet to cause the paroxysms to recur. He has found that the milk (about three litres per twenty-four hours) must not be all given during the day, but about a litre of it in the evening and one-half litre during the night. There is a question whether the same results may not be obtained by the use of intestinal antiseptics in such patients as are unable to bear the strict milk diet. Huchard seems to incline to the opinion that all nervous asthmas are of toxic origin and due to ptomaines absorbed from the intestinal tract.—*University Medical Magazine.*

* * *

How to Allay the Pain of Burns.—The immediate relief of the pain of burns and scalds is a matter of much practical importance to the surgeon as well as to his patients. Constitutional shock is thereby lessened and one of the initial dangers of injuries of that class is avoided. The subject is one of widespread interest, and it is not altogether surprising to find the lay newspapers giving prominence to a means of stopping the pain of burns said to have been lately introduced with great success by a surgeon of the Charité Hospital in Paris. The remedy, with which many readers are already doubtless familiar, is a solution of picric acid. That it is an altogether harmless application, as claimed by the Parisian surgeon, is a statement open

to some question. Picric acid is toxic to man as to the lower animals and when given internally causes gastric disturbance, rapid wasting, and universal staining of tissues, without elevation of temperature. If, then, a solution of the acid were applied to a raw surface resulting from a burn or scald, absorption of a dangerous amount might readily take place. As everyone knows, the pain of such injuries may be readily controlled by other means. Perhaps the best known is a solution of bicarbonate of soda, a teaspoonful to the pint of water, which often acts like a charm. A weak solution of carbolic acid has an almost instantaneous action in controlling the terrible pain resulting from such wounds, and a similar observation is true of various other antiseptics, among them preparations of sanitas fluid and oil. There could hardly be any more practical application of science than the relief of a distressing symptom of this kind by the modern surgeon.—*Medical Press and Circular.*

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Clergymen and Tobacco.— It is extremely difficult for hobby-riders to be temperate. An exchange brings up the question of clergymen and tobacco, and maintains that ministers of the Gospel should not only refrain from the use of tobacco, but should preach against it, and then proceeds to quote a series of cases of the *post-hoc-ergo-propter-hoc* variety showing the direful results of the use of tobacco. If persons would discriminate between the use and abuse of any one thing, their words would be of more effect. Tobacco has certainly done a great deal of harm, as has water when improperly applied. The growing youth should be hindered when possible from indulging in tobacco in any form, not altogether because it harms boys at a tender age, but because such boys have no judgment and use more than they should. A grown man smokes a cigar in the evening or at the end of each meal, and he feels better and brighter for it; he can think better; it soothes him, and by putting him in a better frame of mind certainly aids digestion. In most homes for old men rations of tobacco are allowed. The sailor is allowed his tobacco. The government recognizes these needs. There are few men who enjoy a good quiet smoke more than a clergyman. Some may consider this a bad example, and it might look out of place, especially in a small town, for a well-known minister to be seen walking the principal streets smoking a cigar or pipe. Some denominations make it a prerequisite that the clergyman shall promise not to use tobacco while in that charge.—*Maryland Medical Journal.*

Antiseptics and Germicides, with Reports of Fifteen Cases Treated with Iatrol.

ALBERT E. CARRIER, M.D.,

Professor of Dermatology and of Clinical Medicine, Detroit College of Medicine, Dermatologist to St. Mary's and Harper Hospitals, Etc.

THE ideal antiseptic, and germicide, should be non-toxic, non-irritating and without odor. The mercuric salt does not come up to these requirements, for while it is the best germ destroyer, its liability to produce poisonous symptoms and its irritating properties, prevent its general use.

Carbolic acid is open to like objections, and the same holds true for most of the antiseptics and germicides employed in medicine today. Iodine combinations come the nearest to filling the requirements of the ideal antiseptic. The use of iodoform has been attended with the best results, and it is probably the most frequently used of all remedies having for their object, the rendering of wounds aseptic, but instances are numerous where its use has been followed by poisonous symptoms, or it has so irritated the parts that some other remedy had to be substituted for it, and last, but by no means the least objectionable characteristic of the drug, is its penetrating, disagreeable, persisting odor. The best efforts of scientific pharmacists have been directed to the removal, or disguising of this smell; in most cases, however, this has been secured only by a sacrifice of the efficacy of the preparation, while in others, the combined odor has been a transient one and soon followed by the non-deceptive odor of iodoform.

The keeping of wounds aseptic, which has heretofore been accomplished by having the parts contacted, and covered with antiseptics in solution, is rapidly giving place to the so-called dry method. Moisture is a necessity for germ development. To carry out the dry treatment of wounds, it is necessary to have an antiseptic in an impalpable powder, and free from all irritating properties, and non-toxic, so that it may be freely used over the wound surface, in order to prevent germ entrance.

I was led to the use of Iatrol in the hope that it might be a perfect substitute for iodoform. The following cases will give the results of its use in my hands.

CASE. 1. *Severe Laceration of the Perineum, Operation, Iatrol Dressing.*—Mrs. W——r, æt. 38, p-para, ten years married. I delivered her with forceps August 19, 1893. The child weighed fifteen pounds.

During the delivery of the shoulders the perineum was torn nearly through the sphincter ani, and for over three inches up the posterior wall of the vagina. Cleansing the parts thoroughly I brought them together and put in eight silver wire sutures, and covered the wound with iodoform, and pledgets of iodoform gauze in vagina. Patient complained of the smarting and burning that was caused by the application. On the third day the lochia became offensive, and very irritating to the parts with which it came in contact, stitch abscesses formed and the sutures were torn out, leaving a palm-sized raw surface. Intra-uterine injections of peroxide of hydrogen were used, while to the surface of the wound iodoform was freely applied. Patient refused to have a second operation. Every application of the iodoform gave pain, lasting sometimes for two hours, and the odor frequently nauseated the patient. As soon as the lochia became healthy, I directed my efforts to aiding cicatrization, using for this purpose boric acid, acetate of lead, etc., but during a period covering two weeks, very little was accomplished in this direction. The iodoform had to be discontinued because too irritating. At this time my attention was called to Iatrol and I began its use, dusting the powder freely over the wound and covering with Iatrol gauze. The application caused a slight burning sensation when first applied, which speedily gave place to one of comfort. In twenty-four hours a decided change was noticed in the wound, and in one week it had completely cicatrized. At no time during its use did the patient give complaint of pain, nor did it ever irritate the wound or surrounding parts; in fact the patient would ask often for a new dressing, saying it made the sore feel so good, and always expressed her thanks at being spared the disagreeable odor of iodoform. As an antiseptic and cicatrizant, the Iatrol was fully the equal of iodoform, and lacked its disagreeable features.

CASE 2. *Suppurating Bubo, Operation, Iatrol Dressing.*—E. B——n, clerk in clothing house, had gonorrhœa four months before coming under my care, which had been treated for one week only. The bubo was in left groin, large as a goose egg and implicating the whole chain of lymphatics. I sent him to the hospital where I opened the abscess freely, curetting the walls with a dull spoon to remove any diseased gland, and after washing out the cavity with peroxide of hydrogen, I packed it with Iatrol gauze, and covering the whole with borated cotton. Dressings were not removed for three days. On re-dressing the wound not a drop of pus was found, the wound appearing as healthy as could be wished, no pain had at any time been present, and the surrounding dermatitis, which had been

freely dusted with the Iatrol, had entirely disappeared. Dressings were applied as at first and in ten days the whole wound had completely cicatrized.

The patient, who was something of a rounder, and had passed through a similar experience where iodoform had been used, expressed his gratification at the use of Iatrol instead of iodoform, saying that Iatrol gave him no discomfort nor pain, which had always been the case when iodoform was used, and then he did not have to endure the d——d smell.

CASE 3. *Suppurating Bubo, Operation, Iatrol Dressing.* — J. C. L——y, æt. 26, had a chancroid on glans penis, size of bean, that had been destroyed by caustics before coming under my care. Bubo was in left groin, very painful, and surrounded with a large area of dermatitis. Patient was sent to the hospital, where I opened the abscess, and washing the cavity out with the peroxide, packed it full of Iatrol gauze and dusted the powder freely over the surrounding dermatitis. The dressings were allowed to remain on for three days, and on their removal no pus was found, and healthy granulations were covering the walls.

The dermatitis that had surrounded the abscess had entirely disappeared, at no time had patient complained of the dressings. Wound was dressed as before, and patient was discharged in one week with the wound nearly healed. He was directed to use the Iatrol as a powder until the wound was entirely well.

CASE 4. *Syphilitic Ulcer of Left Arm, Iatrol Dressing.*—A. B——y, commercial traveller, had a chancre three years ago, but had never been thoroughly treated, and for a year previous to consulting me had been troubled with recurring ulcers upon the arm. They were painful, and under any treatment usually lasted for six weeks or two months. Said that he could not take iodide of potash, and would not have iodoform used as a dressing. He had used calomel and other local applications without any benefit, and now was using simply oxide of zinc ointment. The ulcers formed rapidly, and were surrounded by a good deal of swelling and dermatitis. The ulcer was dollar sized, and situated about the middle of the forearm on the flexor surface. I dusted the ulcer with Iatrol and covered with borated cotton, directing its renewal three times a day. In spite of his protestations I gave him the iodide internally. Patient returned in twenty-four hours. On examination, found the dermatitis very very much better; ulcer about the same in appearance, but he stated that the medicine had very much relieved the pain and soreness. I directed dressings continued, and as he was to leave the city, asked

him to report to me in one week. I heard from him at the designated time, saying that the ulcer had diminished to half the size, was free from pain. The swelling and dermatitis had entirely disappeared, and that he had not lost a moment's time since he was in my office, was very much pleased with the result of the treatment, and would report if the ulcer gave him any more trouble. Saw him two months afterward, ulcer had speedily healed, and had not given him any further trouble.

CASE 5. *Syphilitic Ulcer of Leg, Iatrol Dressing not of benefit.*—Mrs. J. W——l, æt. 40, came to my clinic at St. Mary's with a syphilitic ulcer of the left leg which covered a surface of seven or eight square inches. Patient was anæmic and very thin, her skin tightly drawn over the tissues. The ulcer was not very painful; it was covered with an ill-smelling secretion. Said that she had had the sore for over a year. I dusted the surface with Iatrol and the application gave her severe pain at the time, but thinking it would be only temporary I directed her to apply it again at night and to return the next day, which she did, and stated that she had not slept a wink the whole night from the pain, and the feeling as if the skin was trying to stretch itself across the sore. On examination of the ulcer, I could not detect anything that looked like an irritation that might be caused by the application, and the odor and secretion were both much less. On inquiry, I found that any application that she had ever used, gave her the same symptoms. Said she had used a yellow powder that had a bad smell, and several other powders and salves, so I presume that in this case it was some idiosyncrasy of the patient that caused the unpleasant symptoms when the Iatrol was applied.

CASE 6. *Syphilitic Ulcer of the Leg, Iatrol Dressing.*—G. D——y, commercial traveller, came to me in July, 1893, with a small chancre on the glans penis. The inguinal glands of the same side were enlarged and hard. As patient was away from home three months at a time, I was obliged to treat him by correspondence. I put him upon mercurials and he was to report to me twice a week. Nearly three months after he began treatment a gumma began to develop on the left leg. Of this I had not been informed, as patient had supposed that it was a boil and had tried various applications, finally ending with a flax-seed poultice, which caused the gumma to break down and an ulcer followed, which was painful and rapidly increasing in size; the pain was very severe at night. I directed Iatrol dusted into the ulcer several times a day, conjoined with the proper internal medication.

The first application relieved the pain somewhat and subsequent applications caused it to disappear entirely, and the discharge was somewhat lessened, but up to the time I next saw him, which was about one month after the ulcer had formed, its size had not diminished at all. At this time it was the size of a silver dollar. Iodoform was then used for two weeks without any material effect upon the ulcer, and the odor was very disagreeable to the patient. Iatrol was then substituted and continued for nearly six weeks longer, when the ulcer was healed. In this case the Iatrol acted fully as well as the idoform, and lacked the disagreeable odor.

CASE 7. *Syphilitic Ulcer of the Thumb, and Ulcerations upon Septum Nares, Iatrol Dressing.*—A. W——e, clerk in retail clothing house, had a chancre two years before coming under my care, had not been treated but one month up to present time. The ulcer upon the thumb, began at the root of the nail, and had gradually increased in size until he came to me, when it was the size of a ten cent piece and floor covered with an ill-smelling secretion. The ulcerations on the septum were size of split pea; there were two. The mixed treatment was given internally, the nostrils were washed out with borated water, and the Iatrol applied in powder every four hours. The thumb was dressed with Iatrol and covered with cotton, and the dressings were renewed morning and night. Improvement was noticed in the ulcers from the first application, and in two weeks they were entirely healed and have remained so up to the present time, now nearly two months.

CASE 8. *Chronic Ulcers on Both Legs, two years' standing, following an attack of Peritonitis, Iatrol Dressing.*—Sadie M——r, employed in a picture frame factory, a girl of good habits, no history of specific disease. The attack of peritonitis was a very severe one, and during convalesence several boils occurred on each leg, about midway between the knee and ankle, followed at the same site by painful, dime to dollar sized ulcers.

There were no varicosities. She had been constantly under medical treatment from the first appearance of the ulcers, and they had been treated by caustics, curetting, scarifying, astringents, etc. On my first examination I found a dollar and dime sized ulcer on right leg and a single ulcer on left leg about size of fifty cent piece. They were shallow, without hard boarders, covered with a grayish discharge. No œdema of the leg. The surrounding skin had a brawny look, but was not infiltrated. I began treatment by using hot water applications 30 minutes, followed by a pepsin solution to the ulcers. No benefit resulting, I used various stimulants, the mercurials and iodoform. The last caused considerable dermatitis and itching without

benefiting the ulcers. I began the use of Iatrol in November, 1893 using it as follows: bathed the legs in water as hot as could be borne for thirty minutes, dissolving Iatrol in the water (I put two drachms to the quart of water, not expecting that it would all dissolve); the parts were then carefully dried, and Iatrol dusted over the ulcers, covered with absorbent cotton and a bandage running from the toes to the knee. The bandage to be worn night and day and the dressings to be renewed every twelve hours. The tenderness was relieved with the first application of the Iatrol, but no other improvement was noticed for two weeks, only the dressigns made the parts comfortable, and patient was content to wait. At this time the ulcer borders appeared firmer, were brighter in color, and the floor showed bright, firm granulations, and the ulcers were not increasing in size. The treatment was kept up for two months, when the ulcers were entirely healed. The last two weeks of the time I used Iatrol in simple cerate.

Case 9. *Acute Eczema of the Scrotum, Perineum and Inner Surfaces of both Thighs, Iatrol Dressing.*— F. S. B——r, commercial traveller, came under my care September 5, 1893. The disease was of two weeks' standing, during which time he had been under the care of a physician. On examination I found the penis, scrotum, perineum and thighs much swollen, very red, and with large surfaces of excoriation. Oozing was so profuse that cloths and cotton were quickly saturated. Itching was intense, and patient said that sleep was only procured by hypnotics. Disease was rapidly spreading over the abdomen and down the thighs.

Treatment began by the application of hot borated water to parts for one minute, drying and dusting over the surface the following: Iatrol, four drachms, stereate of zinc com., four drachms, the scrotum to be covered with absorbent cotton and a suspensory bandage to be worn. The oozing surfaces also to be covered with the absorbent cotton, which was to be renewed as often as it got moist, the parts to be powdered before it was again put on. The first application was followed by relief of the pruritus, and the patient had the first night's rest without the use of sleep producers that he had had since the disease began, September 6. Disease still spreading and new areas very itchy, Iatrol alone applied to the new areas. The treatment was continued up to September 10, when, the oozing having ceased, I used the Iatrol in ointment, drachms two to the ounce of ungt. aq. rosæ, the parts being constantly covered with the application, by saturating absorbent cotton with the ointment and keeping in place with bandages. October 9, patient was discharged entirely well of his eczema.

CASE 10.—*Eczema Under each Breast, Large Excoriations, with a very Disagreeable Odor.*—Stella P——r, student, æt. fourteen, a very fleshy and well developed girl, the breasts were as large as those of a nursing woman. I found on examination numerous areas of salt rheum over the body, and under each breast were excoriations, palm sized, covered with a profuse mal-odorous discharge, pruritus was very severe; in each axillæ were similar patches but smaller in extent, but with the same disagreeable odor to the discharge. Patient had been variously treated before coming under my care. Borated water, hot, was applied to the parts for one minute, dried, and Iatrol dusted over the excoriations and to be re-applied as often as necessary to keep the parts dry. Itching was relieved at once and so was the disgusting odor. Patient came under my care on September 15, and October 18 the excoriations had entirely healed; there was still some pruritus upon other parts of the body but no lesions. I ordered a corset to be worn to avoid irritation.

CASE 11. *Pustular Eczema of the Scalp and Face.*—Edna S——, æt. sixteen months, a well nourished, healthy appearing child, was brought to my office November 15, 1893. The scalp was covered with dime to dollar sized patches covered with thick crusts, with pus oozing freely around the borders. The face was in nearly the same condition as the scalp, the eyelids were so swollen that patient could not open them. There were numerous excoriations over the scalp and face, the result of efforts to relieve the intense pruritus. The crusts were removed by sweet oil and water, and followed by the dusting over the parts Iatrol.

Oozing and pus formation was so great that the powder soon formed cakes, and I substituted, Iatrol, four drachms; olive oil, one ounce; applied on absorbent cotton and kept in place by bandaging and frequently renewed. Improvement was rapid from the first, and cure was complete in two weeks.

CASE 12. *Pustular Eczema of Scalp.*—C. N——l, æt. one year, was brought to the dispensary for treatment November 18, 1893. The whole of the scalp was one mass of crusts, matted hair and filth; pus oozing wherever the crusts were removed; odor disgusting. The crusts were ordered removed by sweet oil, and the surface to be covered with absorbent cotton, saturated with Iatrol in olive oil and kept in place by bandages. The dressings to be renewed several times in twenty-four hours. Itching and odor was relieved at once.

Improvement rapid from the first, and at the end of one week no vestiges of the disease remained.

CASE 13. *Hyperhidrosis of Scrotum and Perineum.*—E. B. F——s, of Charlotte, Mich., referred to me by his family physician, had suffered for several years with the sweating of scrotum and perineum. The parts were constantly wet, the odor was disgusting, and only by wearing bandages, and frequent changes, could any degree of comfort be obtained.

Eczema of the parts frequently occurred, when pruritus would be intense. Patient came under my care in July, 1893, and up to September 1 no improvement had attended the various applications that I had used. At this date I began the use of Iatrol, covering the parts completely, and keeping in place with bandages, renewing as often as dressings became uncomfortable. On September 15 he reported no improvement except in the relief of itching; advised to continue Iatrol. October 3 marked improvement was noticed, patient had been able to dispense with suspensory bandage and was using the medicine morning and evening only. November 30 reported the sweating as cured, but I advised occasional use of the Iatrol. Patient is still under my care for another affection (January 13, 1894), and has had no return of the hyperhidrosis. It is needless to add that from the first application the disagreeable odor disappeared.

CASE 14. *Tinea Sycosis* (Barber's Itch).—G. A. R——s, clerk, contracted ringworm of the beard in August, 1893, and was treated by a physician of this city for two months with various parasiticides without benefit, when patient, becoming discouraged, took the case into his own hands, using the various advertised drugs for this affection. I first saw the case December 3, 1893. At this time the whole of the left side of the beard portion of the face was covered with the characteristic pustules, and nodules and broken hairs. The applications that had been used previously had made his face very sore, and his occupation made it necessary to avoid that if possible. Soothing applications were made for a few days, when I began the treatment of the sycosis. My method was as follows:

I first epilated a patch, bathed it with Witch Hazel, dried thoroughly, and then rubbed Iatrol powder over the surface, rubbing it briskly. This was followed by rubbing a second time with alcohol on absorbent cotton, and this by the application of linolin cream. The application made the parts quite red at first, but this soon disappeared. The process was repeated every day for two weeks when, no new lesions appearing, the applications were made every second day, in the meantime every hair that appeared was extracted and carefully examined for the trichophyton. At this date (January 13) the face is free from lesions, but I shall examine him weekly for some time yet, as tinea sycosis requires watching some time after

apparent cure. For three weeks, however, I have failed to find the fungus in extracted hairs.

CASE 15. *Tinea Versicolor.*—J. E. B——s, æt. forty-two, a tailor by occupation, has had the disease for over six years. At the time he came under my care the whole back and chest was thickly studded with the eruption. The itching was a marked feature. He had been treated at various times uuder the supposition that the affection was syphilis. The microscope revealed the fungus (microsporon furfur) in abundance. Before making the microscopic examination I had given him an ointment of Iatrol to relieve the pruritus, which it did speedily, although all the applications that had been previously used failed to give any relief in this respect. After discovering the parasite, I continued the same remedy and in six weeks not a vestige of the disease remained.

Remarks.—In all the cases reported, internal medication was used whenever indicated, my report simply covering the local use of Iatrol. I am using Iatrol daily in private and dispensary cases, similar to these reported, and with uniformly good results.

In the cases of fresh wounds as an antiseptic and cicatrizant, I regard Iatrol as of the greatest value, fully equalling in these respects iodoform, while it surpasses it by reason of being non-poisonous, does not produce irritation, and lacks disagreeable odor,—a matter of great importance when patients are seriously affected by strong-smelling preparations.

In the case of old wounds, with little pus formation, in serving as a protective, and as a stimulant to healthy granulations, and an aid to skin formation, Iatrol is a valuable remedy.

In no case in which I have used Iatrol have I seen any untoward effect. It has never been followed by dermatitis, even when used upon skins that were wont to rebel at the slightest irritation.

In the two cases of syphilitic ulcers in which no apparent benefit was observed, a like result followed the use of other local applications.

In cases of pustular eczema, which are best treated by antiseptic combinations, Iatrol will give the best results, as it does not add irritation to an already inflamed surface.

It has given me the best satisfaction as a deodorant to foul discharges and in cases of profuse perspiration, as it deodorizes without the substitution of another odor.

Another benefit that has resulted from its use in my hands is the relief of pruritus, and besides the cases related, I have used it for this purpose in cases of psoriasis, erythematous eczema, and urticaria, and general pruritus, a single application to the surface affording relief for several hours.

No. 4 West Adams Ave., Detroit, Mich.

Miscellaneous.

THE *Canada Medical Record* is now owned and edited by the Faculty of Medicine of Bishop's College.

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DOCTOR SMITH.—This euphonious cognomen is the popular monosyllabic application of 1,300 practising physicians in the United States.—*Medical Record.*

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MESSRS. A. P. WATTS & Co., of College Street, have in this number a list of some of the newer medical works. If time or opportunity does not permit a call at their place of business orders can be given by mail.

* * *

THE full text of the late M. Pasteur's will is as follows: "This is my will: I leave to my wife all that the law permits me to leave to her. May my children never deviate from the law of duty, and may they always preserve for their mother the tenderness that she merits!"

* * *

MEDICAL EDUCATION IN VIENNA.—Changes are to be introduced into the methods of medical education at Vienna. The result will be that, from beginning to end, it will take a regular student, of average abilities, seven years or more before he is able to practice.—*Medical Record.*

* * *

THE San Francisco City Council has prohibited bicyclers from holding on their machines any child under the age of six years. This is the outcome of a recent crusade by the Society for the Prevention of Cruelty to Children. We trust the movement will extend.—*Chicago Medical Reporter.*

* * *

THE RETORT PERTINENT.—A young physician who has just established himself, and with very little practice, is noted for his braggadocio. One of the older physicians meeting him on the street the other day, asked how he was coming on. "I have got more than I can attend to," was the boastful reply. "I had to get out of my bed five times last night." "Then why don't you buy some insect powder?" —*Omaha Clinic.*

It was a colored preacher who said to his flock: "We have a collection to make this morning, and, for the glory of heaben, whichever of you stole Mr. Jones' turkeys, don't put anything on the plate." One who was there says: "Every blessed niggah in de church came down wid de rocks."—*The Living Church.*

* * *

The Physician's Duty.—It is not only important that the physician should be ready to obey the calls of the afflicted, but his mind should also be impressed with the greatness of his mission and the responsibility incurred in its discharge. These obligations are, of course, the more deep and enduring because there is no tribunal, other than his own conscience, to adjudge the penalties for carelessness or neglect.—*Medical Summary.*

* * *

The English Language Excluded.—The official announcement states that the Twelfth International Medical Congress will be held in Moscow, opening on Thursday, August 19th, and that "papers may be read and discussed in the meetings of the sections in French, German or Russian." The *Medical Record* considers this a peculiar and insulting provision which will destroy all further interest in this Congress for English-speaking physicians.

* * *

A Physician's Opinion of the Christy Saddle.—The following is an extract taken from a letter from Dr. Wm. S. Cheesman, of Auburn, N.Y.: "I want to add that I have been recommending the Christy Saddle freely to my patients, particularly ladies. It is much the best saddle in the market for them. Our medical journals are constantly full of articles on the medical aspects of bicycling, and all writers on this topic bewail the lack of some suitable saddle which will touch the body only on the bones of support. I have called the attention of many doctors to the saddle, but none had ever seen it, and all at once recognized its merits and ordered one for their own use."

* * *

Young Doctors.—"Be guided, then, by the voice of experience in all things not controverted by recent facts, and try yourself to become that ideal being the old doctor would be had he only your growth and recent knowledge to add to his tact and *savoir faire.* Watch him closely! He knows men as open books; he knows how to manage and control them; he knows when to smile and when to be grave.

He has learned his community; he knows what he can do without offence, and how best to acquire its good-will. He knows best how to set forth the knowledge he has to its best advantage. Take all you can of his method; it is the result of experience, and pay him that deference when you meet him that you yourself would like to receive from the classman of 1945 freshly filled with the new doctrines of which you will have only heard through your journal."—*Journal American Medical Association.*

* * *

Bacteriologists are useful assistants, but they are tyrannical masters, and the results of a given treatment must after all be judged, not in the laboratory, but in the hospital ward and the sick-room. A check must be imposed on garrulous bacteriologists who show a disposition to ride the cockhorse among us. We are grateful to them for such assistance as it may be in their power to render to medical science, but we cannot allow them to dictate to us what conclusions we are to draw from clinical investigation. Bacteriological statements are matters of inference, but clinical observations are facts—facts, too, which concern us more nearly than the interesting, but too often contradictory, deductions which foreign laboratory men foist upon us at the point of the scalpel.—*Medical Record.*

* * *

Sic Transit Gloria Mundi.—The glory of the Klebs-Lœffler bacillus is passing away. The culture test which was to supersede the clinical observation of the disease, and upon which the diagnosis of diphtheria was to be made, has proven a flat failure, and the New York Board of Health has dropped from its circular, announcing the result of the bacteriological examination, "the case is therefore one of true diphtheria," when the Klebs-Lœffler bacilli are found. We understand that another step forward has also been made, and that now no patients are sent to the hospital unless the clinical manifestations of the disease are present to corroborate the bacteriological report. It is only a question of time when the bacteriological investigation will be dropped and another fad will have come to an ignominious end.—*Pittsburg Medical Review.*

* * *

In re Tablet Triturates.—A very seriously objectionable feature in the tablet triturate has recently been brought to light by a surgical operation performed in England, and mentioned in the *Pharmaceutical Journal.* The patient, under qualified medical

advice, had for some time being taking tablets of salol, prepared by a firm of manufacturing chemists. Later on, intestinal obstruction was set up and an operation became necessary. On opening the body the intestine was found packed with the salol tablets, unaltered. This was probably due to the pressure used in manufacturing. The more finely comminuted and loosely packed an insoluble or difficultly soluble remedy, the easier it is absorbed by the system, and consequently substances like salol should never be given in tablet form.—*National Druggist.*

* * *

THE BUSINESS SIDE OF MEDICAL PRACTICE.—The *Medical World*, in discussing this question, reviews a lecture of Professor Shollenberger's on the subject. The points are culled from various sources and are worth repeating. "Dr. W. R. Allison, in the *Medical Review*, says: 'There are two things which I have never seen succeed in medicine: (1) To speak ill of your confrere. (2) To buy your patients by charging a small fee. A man who makes calls for 75 cents is a man of limited ability or from a college of inferior character. The dispensary scourge—that so-called benevolent fad which has wrought irreparable damage—does not contain the true essence of benevolence, but originates in the fertile brain of a keen desire for increase of practice (through the dispensary). The poor entreat us to be cheap in our charges and make the rich pay large fees. No other business is conducted upon such principles, unless it is to make medical men pay more for the same goods than is paid by the general trade. There should be an effort to formulate a fee table in our society—not a fixed and definite charge, but a minimum rate—for which a less charge, unless excused by poverty, would cause a payment sufficient to prevent its repetition.' *Gaillard's Medical Journal* says: 'Lack of appreciation of the value of one's own work is another cause of small collections. The man who underestimates his own services cannot expect others to place a high value upon them. One of the chief violations of sound business principles is laxness in keeping accounts and rendering bills.' From the *Woman's Medical Journal:* 'We pay our lawyer without dispute. We pay, half the time on a sort of compulsion or shame, the minister's salary, and feel as if it was a sort of Peter's pence, and gave us admission to the gates beyond. We oftener make the minister presents, and often in our wills leave him a sum of money. We pay our tradespeople, but when it comes to paying the doctor we think twice. We did not think twice when we called him; we wanted him; we had him.'"

THE *Medical News* has removed to New York. Dr. J. Riddle Goffe is now in editorial charge. The *British Medical Journal*, in commenting on the retirement of Dr. Gould, says: 'The *Medical News* in his hands has been, in the expressive speech of our Transatlantic cousins, a 'clean' paper; he has waged ruthless war on quackery, whether open or disguised, and has steadily held up the standard of a lofty ideal to the profession in its relations to society and to its own members. Dr. Gould hands over to his successor a journal which under his able direction has won for itself the respect of all right-minded members of the profession, not less for its unswerving honesty of purpose than for its value as an instrument of scientific progress."

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A QUEENLY STUDENT.—The Queen of Portugal, who for some time past has shown a pronounced taste for the study of the healing art, has completed her second year of formal medical study, and has just successfully passed the examination for second year's students before the Faculty at Lisbon. It must need a good deal of nerve to pluck a queen, but we daresay there are more diplomatic methods of making the exalted candidate aware that a further course of study would be advisable. The study of medicine, by the way, is now about the one new thing left for the German Emperor to exercise his versatile genius upon. He might present himself for examination with a light heart, for the most Rhadamanthine of Teutonic professors would hardly care to risk ploughing him.—*Brit. Med. Jour.*

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A HIGH STANDARD.—The Medical School of Harvard University has just made a rule which will be a powerful aid to the cause of higher medical education: "On and after June, 1901, candidates for admission to the medical school must present a degree in arts, literature, philosophy, science or medicine from a recognized college or scientific school, with the exception of such persons of suitable age and attainments, as may be admitted by a special vote of the Faculty taken in such case. All candidates, whether presenting a degree or not, are and will be required to satisfy the Faculty that they have had a course in theoretical and descriptive (inorganic) chemistry and qualitative analysis, sufficient to fit them to pursue the courses in chemistry given at the Medical School." The latter provision is commendab'e. A medical school is no place to teach general chemistry. —*Cleveland Medical Journal.*

BALLING HOOFS.—One of the troubles doctors—especially country practitioners—have to contend with, is the balling of the hoofs of their steeds with snow. A Detroit medico announces he has discovered a remedy therefor in glycerin, which is applied to the under side of the hoofs and to the shoes just prior to leaving the stable.—*Medical Age.*

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THE NEW IMPONDERABLE.—The new force—analogous in some respects to light, but certainly not completely identical with light as we are accustomed to regard it—with which, as the newspapers have informed the world, Professor Röntgen, of Würzburg, has succeeded in depicting objects that are inaccessible to ordinary vision, such as the bones of a living hand, may turn out to be serviceable in clinical investigations. At present, however, and until more is known concerning the "x rays," little else than speculation can be indulged in as regards their value as an aid in diagnosis.—*New York Medical Journal.*

* * *

LIFE INSURANCE FEES.—Many of the life insurance companies are feeling the effect of hard times. They find it necessary to economize, and have concluded to reduce the medical examiner's fee. There is not a board of directors of any life insurance company in the land that believes the medical examiner is overpaid or even sufficiently paid. Nor is there a board that believes that it would be economy to employ an irresponsible examiner. The directors do know, however, that medical men will submit to almost any form of imposition from corporations—that if the older examiners will not submit to a reduction, there will be no difficulty in getting good men to take their places. The medical profession should stand together in this matter. For a company that pays its president $100,000 a year to reduce the medical examiner's fee in order to economize, is simply an insult and indignity to the medical profession. Physicians can live without the assistance of life insurance companies, but life insurance companies cannot do business without the services of the medical examiner. It is clearly the fault of the profession and not of the companies if a reduction in examiner's fees is tolerated. A united profession and the fees will stand; divided and the fees will fall. Examiners should bring this matter before every medical society in the country, obtain the support of the whole profession, and the companies will be compelled to economize where economy will be in the interest of the insured. Perhaps the companies could do with less extravagant and costly buildings, for instance.—*Pacific Medical Journal.*

THE CLINICAL THERMOMETER.—What is the use of a thermometer anyhow? Does it give a better idea of what is the cause of the trouble? Are the symptoms on which a diagnosis turns explained? Does it tell you why the skin is cool and the pulse 110 or 120, or, when a woman is raving with pain resembling neuralgia of the bowels, that it is or is not impaction? Then, what does it do? One thing it does—it seems to mystify the gullible public. "Taking the temperature" seems to have some satisfactory effect on the minds of the friends of the sick. "Temperature, doctor says, is 103.45°. That settles it—he is sick, bad sick."—*General Practitioner.*

* * *

OUR ADVANCING PHYSICIAN.—Great are the achievements of contemporary science in the department of therapeutics. Just now the medical novelty seems to be the pursuit of the microbe. It is carried on with an ardor that sometimes makes both laymen and doctors smile. One hears such stories as that of a man who went to his physician with a slight sore throat, left a little of the lining of it to be examined, got a gargle and went home. That night he went to the theatre, but was called out in the middle of the performance and told that the membrane from his throat had diphtheritic microbes in it, and that he must go home, which he did; but all the folks with sore throats in the audience who happened not to have seen a physician staid the show out.—*Harper's Weekly.*

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THE DANGEROUS SPITTING NUISANCE.—Drs. Hermann Biggs and T. Mitchell Prudden, the Health Board pathologists, have prepared a report on the practice of spitting in public places and conveyances, which, in their opinion, is responsible for the dissemination of diseases, such as consumption, pneumonia, influenza, diphtheria, scarlet fever, measles, or whooping-cough. That the practice is merely a habit, and not a necessity, is shown, they say, by the large number of men who are free from it, and the insignificant number of women who are addicted to it. The practice should be abated, the report says, and could be with the assistance of the community. Accompanying the report are resolutions providing that signs should be placed in elevated and surface cars and on the stations of elevated roads, signed by the Health Board, and warning the public against the practice. These signs should also be put in all municipal and federal buildings, and the authorities and elevated roads should be requested to provide spittoons in public places. The resolutions also ask the Manhattan Elevated Railway to give orders to guards to prevent passengers from spitting into the street.—*Medical Record.*

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A DOCTOR has discovered the curious fact that the skull of a man who has died from delirium tremens contains alcoholic vapor. A small opening in the skull soon after death permits it to escape, when it can be ignited, and burns with a bluish flame.—*Popular Science News.*

* * *

THE BICYCLE DOCTOR.—An enterprising Chicago cyclist has distributed the following: "Bicycle surgery. Acute and chronic cases treated with assurance of success. Languid tires restored to health and vigor. Tires blown up without pain. Wind free. We understand the anatomy, physiology, and hygiene of wheels and give homœopathic or allopathic treatment as individual cases require. Sure cure guaranteed. Testimonials: 'My wheel had three ribs fractured and you cured it in one treatment.' 'My tires were suffering with a case of acute aneurism, which had been pronounced fatal by other bicycle doctors, but you cured the disorder and I did not lose a day of my tour.' 'I was troubled with varicose tires, involving frequent ruptures and incontinence of wind. You cured me.' Thousands of testimonials like the above sent on application."—*Medical Record.*

* * *

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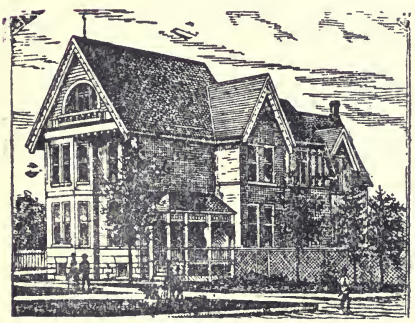

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VOL. III. TORONTO, MARCH, 1896. No. 3

Original Communications.

Knee-Jerk in the Diagnosis of Diseases of the Spinal Cord.*

BY D. C. MEYER, M.D., TORONTO.

IN choosing the subject of the present paper I did so with considerable hesitation, fearing that I should necessarily repeat many facts with which you were already familiar. The importance of the knee-jerk in the diagnosis of diseases of the spinal cord and brain, together with the fact that a diagram of these parts would explain its action more clearly than a verbal discussion, induced me, however, to offer a few remarks about it. The knee-jerk, as you are all aware, was first studied by Erb and Westphal, the former giving it the name of patellar tendon reflex, and the latter the knee phenomenon. Erb and many others believed that the cause of the knee-jerk was a reflex, beginning in the nerves of the tendon, a supposition which was supported by the discovery of nerves in the tendon, and this view was the accepted one for some time. Later, however, it was disproved

* Read at Meeting of Toronto Medical Society.

by Tschirgew, who found that, after the division of all the nerves connected with the tendon, the reflex still continued. Westphal on the other hand does not consider the jerk to be produced by reflex action, but by direct stimulation of the muscle, and consequently a purely local phenomenon. He thinks it due to the vibrations set up in a more or less tense tendon which are transmitted to the muscle, and that these throw the muscle into contractions. The arguments in favor of his theory are that the time occupied to produce a knee-jerk is much less than is required for an ordinary reflex action, and that the movement persists after section of the tendon nerves. In regard to the time required, which is .03 or .04 of a second shorter than the interval of an ordinary reflex action, one point I think must be remembered, viz., that the muscle must be at the time in a condition of slight tension, and that in consequence less time would be required in order to make its action apparent than there would be if the muscle were lax, as is usually the case, when the time required for ordinary reflex action is measured. The difference between the two (about 1-25th to 1-33rd of a second) could, I think, be accounted for in this way. In regard to the second point, a true reflex act may, as Foster says, really begin in the muscle being started in it by the vibrations transmitted along the tendon. It may further be said against the theory of Westphal, that if the posterior roots be divided the movement ceases, although locally the muscle is entirely intact, and this, to my mind, is conclusive proof that his theory is erroneous. There is another explanation, however, which will bear closer examination than either of those advanced, viz., that this phenomenon is a purely reflex one, which originates in the sensory muscle nerves, is conveyed by them through the posterior roots to the grey matter, and reflected by the grey matter through the ganglion cells of the anterior horn and the motor nerve back to the muscle which contracts. This explanation has been founded on the work of Tschirgew, who proved that the sensory nerves of muscle terminate not in the muscular fibres but in the interstitial connective tissue between them. In this way it is easy to understand how the afferent impulse is produced by tension acting on these nerves. (Here was explained the reflex arc of diagram, and how suddenly increased tension sets up an afferent impulse.) Tapping the tendon only has the effect of suddenly increasing the tension, and in consequence setting up an afferent impulse in the sensory muscle nerves. The tendon *per se* has nothing whatever to do with the reflex action except to increase the tension of the muscle, as may be easily proven in any case where the excitability of the cord is increased, by simply placing

one finger flat above the patella and striking downward with a Déjérine hammer or the fingers of the other hand, when a perfect reflex contraction of the quadriceps will be obtained. Hence the mistake of terming this phenomenon a tendon reflex, an error which it is to be hoped will soon disappear. The facts above stated make it clear, I think, that the knee-jerk is a reflex phenomenon originating in the terminations of the sensory muscle nerves, and that the nerves of the tendon have nothing to do with it, nor is it a purely local manifestation.

From a clinical point of view we now come to another question, viz., the influence of a higher centre in modifying or increasing this reflex action. This influence of the brain is clearly shown in cases where in a lesion of the cord which cuts off this influence, an increased reflex action arises in all parts of the cord below the lesion, except such as will be presently mentioned. The modifying influence of the brain can be demonstrated in a frog by experiment. If the cerebral hemispheres of a frog be removed, the excess of reflex action in the legs can be easily modified by stimulating the optic lobes, showing clearly that impulses have descended from these parts through the cord which inhibit reflex action. Similar results are obtained in the dog by irritating the corpora quadrigemina. The path by which these impulses descend in man is definitely known, viz., the pyramidal tracts. From this we learn the important clinical fact that a lesion of this tract in any part of its course, or a complete transverse lesion of cord, cuts off the inhibitory influence, and as a consequence we have, other things being equal, an increase of muscular reflex action. But it will be said immediately after a sudden and complete transverse lesion of the cord the knee-jerk is often absent. This fact is due to the shock of the accident or operation, which may be looked upon as a very powerful stimulus, and which, partly by inhibition and partly by exhaustion, depresses or suspends the normal functions of the cord. In man the excess of muscular reflex action usually comes on in a week or ten days and gradually increases.

Having now considered the cause of the knee-jerk and the influence of the higher centres upon it, I would in conclusion like to add a few remarks on the clinical significance of its absence or excess in some diseases of the nervous system. In the first place, in regard to the absence of the knee-jerk. This must necessarily follow from any lesion which interrupts the reflex arc either in the afferent nerve, the centre, or the efferent nerve. In regard to the *afferent nerve* a peripheral neuritis which injures its peripheral termination in the muscle is a common cause, and in this disease the loss of knee-jerk may be

as complete as in locomotor ataxia, which often leads to a confounding of the two diseases. A sclerosis of the posterior columns of the cord, as is seen in talus, has the same effect, this reflex arc being interrupted at this point. An anterior polio myelitis by the destruction of the anterior ganglion cells also destroys the reflex arc with loss of knee-jerk as the result, and the same may be said of any lesion of the motor efferent nerve. In regard to the excess of knee-jerk we find it in all diseases in which there is an interruption of the pyramidal tract anywhere between the cortex of the brain and the anterior horn of the spinal cord. A common cause is a hæmorrhage into the internal capsule causing a destruction of the fibres as they pass through this portion of the brain. As a consequence the inhibitory influence is cut off from this hemisphere, and an increased knee-jerk is developed on the opposite side of the body. In certain cases of hæmorrhage into one internal capsule, however, the knee-jerks on both sides after a considerable time may be increased, and the cause of this increase on the sound side has been much debated. Professor Déjerine told me he considered it to be due to the uncrossed fibres in the column of Turk being degenerated. This explanation is to me improbable from the fact that the column of Turk usually ends about the mid-dorsal region, and as the centre of the knee-jerk is in the lumbar region, it is consequently much below the termination of this tract. A more probable explanation to my mind lies in the fact that the legs, in conjunction with other parts of the body, which are much associated in their action, are innervated more or less from both hemispheres, and that it is a degeneration of these fibres, the tract of which is still unknown, which causes an excess of knee-jerk on the same side as the lesion in the brain. Excess of knee-jerk also follows multiple sclerosis when an islet implicates the pyramidal tract. Another cause of increased knee-jerk is to be found in a tumor of the middle lobe of the cerebellum where it may be excessive. I have said nothing of myelitis since its effect on the knee-jerk varies with its position. If we suppose a transverse myelitis in the mid-dorsal region of the cord, then an increased knee-jerk results from the interruption of the pyramidal tracts. If, however, the myelitis descends to the lumbar region, then we find an entire absence of the knee-jerk owing to the destruction of the reflex centre. In conclusion, I may say that I have only mentioned a few of the more common diseases in order to demonstrate more fully some of the changes in the knee-jerk which are met with in every-day practice.

Clinical Notes.

Successful Use of Protonuclein in a Case of Extreme Anæmia.

BY JOHN FERGUSON, M.A., M.D., TORONTO.

THE case that forms the subject for this short paper is that of a gentleman aged 54. He is highly educated, and has filled a number of positions of an important educational character. Previously he resided in India for several years. His health has not been good for about two years. During this period he suffered loss of flesh, strength and appetite. In April, 1895, the symptoms became more distressing, when it became necessary for him to give up his work, as private tutor, and rest. He became a patient of mine about the end of September, 1895. At this date he was a pronounced victim to insomnia. His digestion was extremely bad, suffering much pain, and frequent nausea after taking nourishment, either liquid or solid. There was an excessive amount of flatulency. The bowels were very torpid. The pulse was weak, and usually as frequent as 100 per minute. There was always some elevation of temperature, sometimes as high as 102°. Continuous headache was another feature of the case.

The lips and conjunctivæ were almost colorless, and the tongue exceedingly pale. The skin had a pale lemon tint. The red blood corpuscles were only 1,200,000 per cubic millimetre. The urine was normal. No organic disease could be discovered anywhere in the system.

In spite of all efforts at treatment and feeding, he gradually grew worse. I had given his wife a very unfavorable opinion of the case, and advised a consultation.

Dr. J. E. Graham saw the case with me. No other disease could be discovered than that of progressive anæmia. It was agreed at this interview to place him in some hospital for a time. He was admitted into the Toronto Western Hospital on January 7th, 1896. I went with him in the coupé, and really feared he would collapse on the way. When he arrived at the hospital he was in such a state of exhaustion as to be unable to walk upstairs. On being taken into his room he became unconscious, and in this condition he was hurriedly undressed

and put to bed, with hot bags around him. In the course of an hour or so he gradually regained consciousness.

At this stage of his disease there were varying elevation of temperature and a subnormal condition of same. He had intense headache, and almost continuous insomnia. The bowels were constipated, and nearly everything in the way of nourishment was vomited. The patient was in a state of extreme emaciation and asthenia. There was frequently low delirium and confusion of thought. He often regarded himself as a duality.

On his admission the bowels were washed out daily with a large enema, containing some boracic acid. Daily he was given a sponge bath. The stomach was washed out daily, except occasionally when he felt too weak. He was fed on peptonized milk, egg albumen and beef-juice. The headache continued, however, to a most intense degree, and no improvement in the insomnia. For the headache, acetanalid, phenacetin, salol and other agents were employed, and with only the most temporary relief. Opium, chloral, paraldehyde and sulphonal were administered from time to time for the insomnia. On one occasion thirty grains of sulphonal were given, with the result of obtaining only a few hours imperfect sleep, followed the day after by much vomiting, great restlessness, extreme headache and feeble pulse.

He had been in the hospital a little over two weeks, and all the appearances pointed to an unfavorable termination of the case. He was now placed on protonuclein (tablets), as prepared by "Carnrick." The enemata, lavage of the stomach, and same nourishment continued. Tablets were given every three hours. By the third day it became apparent that the patient was improving. The headache was the first symptom to become modified. In a week it had almost wholly disappeared, and at the date of writing is entirely gone.

The sleep soon became better. By the end of the first week on the protonuclein, he would sleep three and four hours at a time. He now sleeps from six to eight hours, and wakes with a rested and refreshed feeling. The appetite is good. He can take eggs, meat, toast, porridge, oysters, beef-juice, bread and butter, milk and light puddings without the slightest discomfort. There is no nausea or vomiting; the bowels are quite regular, and no enemata or aperients have been administered for at least ten days. The temperature is constantly normal. The patient is gaining in flesh and can walk about the ward and in the hall for an hour and experience no ill effects. The lips and nails have a good color, and the tongue has lost its pallor. The abdominal walls, which were extremely retracted, are now filling with adipose tissue.

The most marked change, however, is to be found in the red blood globules. When the protonuclein was first ordered, there were not quite 1,000,000 to the cubic millimetre. Now there are 3,500,000. This is a remarkable increase when the condition at starting is borne in mind.

The progress of the patient is one of daily improvement. He will leave the hospital in two or three days, when the same line of treatment will be maintained, with the addition of a mild course of massage to assist in the development of the muscles.

It ought to be mentioned that the preparations of arsenic and iron had been fairly tried in this case, and could not be tolerated in any form. During the past three days arsenic has been tentatively prescribed, and so far has caused no disturbance, indicating an improved state of assimilation.

Since the above was written the patient has been out of the hospital for a short time, and the improvement still continues. The sleep and digestion are now good, and the muscles are gaining rapidly in tone and size.

A Noble Profession.—Physicians know the fearful risks they incur in operating for the relief of patients suffering from certain diseases. Danger never deters a doctor from the duty of alleviating human suffering or prolonging human life. It is not a question of money. The two most notable Canadian victims of blood poisoning this year, Dr. Fenwick, of Kingston, and Dr. McFarlane, of Toronto, got their death by operating upon patients in hospitals. To relieve suffering or save human life these physicians did their duty calmly and open eyed, and death came to them, not through carelessness, but by unavoidable mischance. The chivalry which glorified the age about which the poets sing was poor in its standards compared to the ideals which guide the noble profession of medicine and surgery. There are heroes to-day whose bodies are not armor-clad, but whose souls are uplifted with that high sense of duty which makes them willing to venture in a battle where all they can win is the life or comfort of some unfortunate they do not know, and where they may lose their lives. A selfish age this may be, and greed of gain is corroding the souls of men. There is one profession which puts no price on many of its services to humanity, but which day by day supplies heroes who risk life at the call of duty—heroes whose heroism is unknown, save when one falls as Laughlin McFarlane fell.—*The Toronto Evening Telegram, March 3.*

Society Reports.

Toronto Medical Society.

Popliteal Aneurism.—Dr. W. J. WILSON presented a patient with popliteal aneurism. He had operated on the patient in 1884. The following were the notes taken at the time: J. M., aged 30, a plasterer. His father died at the age of fifty-two of heart disease. Mother alive and healthy. Brothers and sisters healthy. Patient says he had brain fever when a child. Always delicate. At the age of seventeen he had gonorrhœa with a chancre and suppurating bubo. Took medicine for two months—"a strengthening medicine," probably not antispecific. Has never had any venereal disease since. With the exception of faint spells from heat and overwork has had good health. Been married nine years. Wife healthy. She had one miscarriage about the second month, after jumping from a chair. At this time she suffered from considerable hæmorrhage. Has had five children; three living and healthy. Two died from convulsions. One was ill five weeks, the other five months. There was marked enlargement of the cervical glands of the patient and at the bend of the elbow. No history of secondary syphilis. Three weeks ago while standing at work at his bench, he felt a pain behind the right knee, which, although not severe at first, greatly increased in severity. Next morning he could not walk without suffering very great pain. A lump was noticed at the seat of the pain, which increased in size. It had a remarkable expansile movement. It grew to be about the size of a hen's egg. Compression was tried by the use of Esmarch's bandage for one hour, extending upward from the foot to the knee, skipping the knee, and then around the thigh. Digital compression was tried for a time, but for lack of hands was not kept up. The operation of tying the femoral at the apex of Scarpa's triangle was then done with good result. The tumor decreased in size quickly, and in three weeks the patient was walking about. The history since 1884 was, that he had had hæmorrhage from the lungs four years ago, and one or two since.

Lupus.—Dr. F. N. G. STARR presented a patient suffering from lupus. Two years ago a small spot appeared on the cheek, purple in color. No attention was paid to it until this winter, when it was noticed to increase and a number of other spots to grow on the face and legs. A discharge from the nose irritates the upper part of the lips. Complains of no pain unless he receives a blow on the cheek,

and then it stings for some time. The tongue slightly coated, the bowels regular. Has had cough for two years or more ; worse at meal-time, probably indicating some irritation in the upper air passages. Expectorates large quantities. Streaks of blood have been noticed in the sputa during the last few days. The family history unimportant. Patient has had measles, whooping cough and malaria. Three years ago lost flesh from no apparent reason. He was weak and feverish. He complained of pain in his shoulders. This was six weeks after he had the measles. Six years ago had dropsy from no apparent cause. On the nasal septum and the tips of the inferior turbinated bones there are small greyish-white nodule pimples, like bubbles of mucus. They are also seen on the soft palate where the anterior pillar joins the uvula, and on the epiglottis. The resonance in the chest is not very good, but no lesion has been located. The mother says boy's flesh seems predisposed to sores. When vaccinated two years ago it was found difficult to get the wound to heal. Patient went to the country for three weeks. Came back with sores on calves of the legs, which were difficult to heal. The spots on the cheek vary in size from sago to split bean, which on superficial palpation cannot be felt, but on deeper palpation give a modular feeling. Some spots are covered with desquamating epithelium, and some of them are sunken in the centre. There are no characteristic apple jelly nodules. The nodules on the leg form a somewhat serpiginous outline. The age of the patient pointed to lupus. The lesions of the membrane would likely have ulcerated ere this had they been of a specific nature. The line of treatment suggested was that of scraping the nodules of the skin, cauterizing those of the mucous membrane, and administering fats. Iodide of potassium had been given six weeks with no effect.

Dr. CARVETH referred to a case he had seen some years ago in which the nodules had been scraped, and burnt with a thermo-cautery. This was followed by a similar treatment in St. Catharines, to which place the patient had removed. When Koch's lymph was introduced patient was given injections with no appreciable benefit. Patient seemed as healthy and strong as ten years ago.

Pleuro-Pneumonia.—Dr. A. R. GORDON read a paper on Pleurisy with Pneumonia, followed by Empyæma. J. M., aged 53, band sawyer. Patient was taken ill June 19th, 1894, suffering from pain in the right side. Had been in poor health for some time; had slight chill at commencement of the attack. When seen the following day his temperature was 103.8, pulse 98, respiration 54, short and catchy. Diagnosis of pleurisy and pneumonia over the right lower lobe.

Cough hacking and troublesome. Patient was a large man, but much emaciated, and appeared ten years older than he really was. Strapping was applied to the side. A quarter of a grain of morphia was injected over the seat of the pain. Cotton wool jacket applied and three grains of calomel ordered, to be followed by magnesia sulphate. Strapping was removed the fourth day. There was some effusion, though not marked. Owing to the character of pulse strychnine and strophanthus administered. No expectorant or antipyretic given. Magnesium sulphate was ordered for the bowels. Temperature fell greatly from the fifth to the twelfth day. The temperature varied from normal to 99 from the twelfth to the eighteenth day, and 97.8 to 101 from nineteenth to twenty-fourth day. Patient had decided chill. The pleuritic effusion steadily increased for five days, rising behind to the angle of the scapula. On the twenty-fifth day of the disease a hypodermic syringe was introduced, and pus found. Eight ounces of yellow pus withdrawn by aspiration, when aspirator became plugged. Two days later had another chill, temperature going from 97.3 to 102. Aspirated again. Ten ounces withdrawn when the aspirator again became plugged. Operation was performed the twenty-ninth day of the disease, pulse being 125, respirations 32, temperature 102. Cocaine was used with a local anæsthetic, an opening made in the eighth inter-space in the post-axillary line. Large quantities of pus poured out. On coughing, when the viscera pleura was touched by the drainage tube, quantities of caseous matter were expelled with more pus. Antiseptic absorbent dressing was applied. It soon became saturated. On the following day patient was attacked hy a severe fit of coughing, followed by expectoration of a large quantity of purulent material like that from the wound—not offensive. Smaller masses like lung tissue continued to be expelled through the wound. All physical signs disappeared except in a limited area around the wound. The fifth day after the operation, pulse 108, respirations 26, temperature normal. It was then decided to wash out the cavity with solution of peroxide of hydrogen, and half an ounce of fifteen volume solution with one ounce of boiled water, was injected in half-ounce quantities. The patient cried out at once, "O my hands!" when the injection was stopped. The pulse was found to be 108, and in less than five minutes dropped to 90, 80, 70, to 58, in four consecutive minutes; gradually rose to 72 and remained there. Respirations dropped from 26 to 14, rising to and remaining at 18 or 20. The pain subsided and gave rise to a tingling and numbness over the distribution of the ulnar nerve. The curved director was then introduced to explore the wound. A cavity in the lung the size of an orange

was found, the rest of the lung being close to the thoracic wall without any adhesions. No more lotions were injected. Wound healed in seventeen days. Calcium sulphide was given till suppuration stopped, and then cod-liver oil and tonics were administered. The patient gained forty pounds in two months. Made a good recovery. Tingling and numbness in left arm disappeared in three days. That in the right arm persisted, and was followed by atrophy of the muscles, supplied by the ulnar nerve. Loss of sensation and muscular power has not been complete. Massage and the galvanic current were given with no good effect. The Doctor then reviewed the interesting points of the case, and asked for an explanation of the nervous phenomena.

Dr. W. J. WILSON said he thought these cases were more frequent since the advent of la grippe. He reported the history of a case.

Dr. HUNTER reported the history of two cases—two brothers in one family. The first boy was aged 18. There was threatened tubercular trouble present. Pleurisy developed. The chest was aspirated at once, but rapidly refilled and the fluid became purulent. A tube was introduced, but the drainage being insufficient, a portion of the rib was removed. The lung had become very much compressed, but it gradually regained its expansion and the boy recovered. The brother, who was similarly affected at the same time, was sent to the hospital and operated upon, and died.

Dr. OAKLEY reported the history of a case of pleurisy occurring in a hearty man where empyema followed. No operation was allowed. The patient suffered a great deal of distress until the abscess burst into the bronchus, when the patient vomited an immense quantity of stinking pus. A good recovery followed.

Dr. WILSON suggested that the nervous phenomena in the case reported might possibly have been reflex in character.

Dr. GORDON gave it as a possible explanation, that the lower trunk of the brachial plexus had been affected by the irritating action of the oxygen through the pleura; or it might have been reflex from the cord; or simply a coincidence.

Diphtheritic Laryngitis.—Dr. HUNTER said that he had a case of diphtheritic laryngitis in which he was using calomel fumigation. The father had suggested to him the use of antitoxin. As he had heard little about its use of late in the city, he asked for opinions of members.

Dr. PETERS said the reports from Toronto had been different from the reports from any other part of the world. Unfortunately he had not been present at the meeting of the society in which antitoxin

treatment had been discussed last year. He was sorry to hear that the majority of the reports were against antitoxin. He had used it in every case he had had, and in only one case had death resulted and that from another cause, the patient having just been operated on for nephrectomy. The results were most gratifying in every case. In a case that he had seen recently where the toxic symptoms were shown—hebetude, depression, cyanosis, etc.; where the glandular enlargement of the neck was very marked and where the membrane was present on both tonsils and the nasal pharynx, 15 cc. of the antitoxin were administered the first day, 10 cc. administered the next day. Within twenty-four hours after the first dose the child was practically out of danger; in two or three days he was well. Personally, if he ever contracted the disease he would ask for the antitoxin treatment. Reports from all parts of the world were greatly in favor of its use. It had reduced mortality records 50 per cent. He knew of a number of medical men in Toronto who had used it with gratifying results and spoke of it in the highest terms. He had no experience of calomel fumigation, but was glad to hear of its value. He had heard of certain medical men who used no treatment. This, he thought, was criminal. He believed in its use as a preventive. He considered it to be the grandest discovery in medical science since vaccination.

Dr. W. J. WILSON reported a case in which he had used the serum with good results; 6 cc. were given on third day and 10 cc. on the next day. After the first injection there was marked improvement. In about twenty-four hours the membrane began to peel off. Recovery at once took place. He thought the case was one which would have lasted about a week had the new treatment not been used. The general condition was improved immediately after its use. With regard to the reports from the city last year, he noticed a number of defects. Many patients had been the subject of surgical operation. The kind of serum and the strength and the amount used was not mentioned. Early administration was necessary to have the best effects. It was very valuable in laryngeal cases which were usually very fatal.

Dr. MACCALLUM reported favorably on its use both as a curative and preventive agent.

Dr. OAKLEY spoke of the discontinuance of its use in the Isolation Hospital because it had not been found efficacious. He contended that it took a long time to establish the value of any new remedy, that medical men were prone to be carried away by fads. Among the reports from New York, some were found to be favorable and some were not. Enough data had not been secured to give medical men full faith in its use. In some cases it had proved positively injurious.

Payment of Annual Fee to College of Physicians and Surgeons.

Copy of a resolution passed at a regular meeting of the London Medical Association, February 10th, 1896 :

"Moved by Dr. Ferguson, seconded by Dr. Arnott, and resolved, That the London Medical Association recognizes the services rendered to the medical profession by the Council of the College of Physicians and Surgeons of Ontario in maintaining an efficient standard of medical education for students, providing for the registration of licentiates, guarding the rights of registered practitioners, prosecuting unlicensed practitioners guilty of infamous or disgraceful conduct in a professional respect.

"This Association accordingly holds it to be the duty of every member of the College of Physicians and Surgeons of Ontario, promptly and loyally to pay the annual assessment fee levied in accordance with the provisions of the Ontario Medical Act, for the maintenance of the general expenses of the College; and it is further claimed that members of the College taking exception to any of the administrative acts of the Council should seek reforms by way of the medical electorate, rather than by attempting to withhold the payment of assessments authorized by the statute and indispensable to the very existence of a council.

"Yet this Association begs to protest against By-law No. 69, passed by the Council on the 28th June, 1895, which suspends the penal clause of Section 41 of the amended Medical Act for Ontario until June 1st, 1896, then to come into force only 'in case a sufficient amount of dues is not paid in to cover the bank liability.' This Association submits that said qualification is grossly unjust to members of the profession who have paid, or may pay, their assessment prior to June 1st, 1896, and affords a loophole to delinquents who are disposed to shirk payment of their fees. The Association recommends the Ontario Medical Council either to rescind said clause of the by-law, or, otherwise, to furnish every member on payment of his fee, a guarantee that no other member shall be permitted to escape payment of his legal indebtedness to the Council.

"And resolved further, that a copy of these resolutions be forwarded to the Registrar and to the medical journals of the Province."

Editorials.

The Management of Patients After Operation.

THE period following operations on patients is of much importance. There are two main dangers, viz., shock and exhaustion from vomiting. These may not be present to any extent, or they may be both or either very severe. These conditions may occur when least expected. Comparatively slight operations may be followed by them, while after the most severe operations patients may pass on to an easy recovery. The strong and vigorous may succumb, whereas the weak may escape. These being facts, no detail should be neglected.

There are many states of poor health and debility that predispose to shock; but shock may occur as a surprise. No operation should therefore be undertaken without the most careful study of the condition of the patient and the surroundings. The general state of a patient about to be submitted to an operation should never be overlooked.

In all operations the utmost effort ought to be made not to unduly prolong it. Shock is much more likely to follow protracted operations, and to be severe, than in most cases where the patients were not so long under the anæsthetic. When the anæsthesia has been prolonged there is danger of exhausting vomiting. For this reason, detail and conservative efforts must often be sacrificed, rather than keep the patient too long upon the table. Taking fully into account all the conditions, known and unknown, that predispose to shock, prolonged anæsthesia is the most usual provocative. The subsequent vomiting and exhaustion is generally in proportion to the duration of anæsthesia.

Shock and vomiting are so much due to the same causes that a somewhat similar treatment applies to both. The three main agents for the relief of shock are in order of value—heat, alcohol and opium. The application of warmth to the surface of the body is of first consideration. If the surface of the body can be maintained at usual temperature, usually there is no fear of danger from shock. Hot-water bottles, india-rubber bags, and mustard to the extremities, over solar plexus or heart, form a valuable armamentarium for the restoration of the patient. If these measures fail, or are acting too slowly,

recourse must be had to alcohol. This must be given by the rectum. In these cases there may be vomiting, or but little absorption from the stomach. Should these means not answer, morphine or opium must be administered — for rapid effects the hypodermic use of morphine; for less rapid action the rectal administration of opium. It must be borne in mind that opium is tolerated in large doses by those who are suffering from shock, or who have lost much blood. Dose after dose should be given and closely watched until the desired effect is obtained.

With regard to vomiting, there is no use wasting time by giving drugs by the mouth. Warmth, rectal stimulation and the hypodermic syringe again find their place. To these may be added rubefaction and mustard over the stomach. The cardinal remedy for this species of vomiting is the hypodermic injection of morphine.

Stimulants and aliment should not be introduced too early into the stomach of a person suffering from vomiting after anæthesia and an operation. These must be given by the rectum at regular intervals. It is noticed that when the skin is warm vomiting is usually absent. Warmth to the surface, therefore, is of the utmost value in vomiting as it is in shock.

It is inadvisable to attempt to relieve the distressing symptom of thirst by sucking ice. It can be best assuaged by warm water, two or three ounces, thrown into the rectum occasionally, and by frequently rinsing the mouth with hot water.

1. Guard against prolonging the operation.
2. In shock and vomiting trust to the rectum.
3. Heat, alcohol and opiates are our best remedies.
4. Remedies to allay vomiting by the mouth do harm.
5. Sucking ice does not relieve thirst.

The above invaluable hints and suggestions are based upon an address of Sir Thornly Stoker before the Royal Academy of Medicine for Ireland a short time ago. There are few men more competent to speak upon any surgical topic than Sir Thornly Stoker. It would be well for everyone who contemplates a surgical operation to weigh well the above points of advice. The distinguished speaker admitted that the neglect of some one or other of these points had caused him to lose patients that he could now save by adopting the rational methods laid down in his address.

ROENTGEN RAYS IN COURT.—The Court of Queen's Bench of the city of Montreal will be the first court on record where Prof. Roentgen's new photographic discovery will be used in evidence. A photograph of the leg of Tolson Cunning, who was shot on Christmas eve, will be filed, showing the location of the bullet. The photograph was taken by Prof. Cox, of McGill University. The case is now before the grand jury, in which one Geo. Holder is charged with having fired the shot with intent to murder Cunning.—*Mail, March 4.*

* * *

THE ONTARIO MEDICAL ASSOCIATION.—The programme of the annual meeting of the above Association, to be held in Windsor, June 3rd and 4th, is now being arranged for by the Committee on Papers, and a local committee of arrangements. The attendance has been steadily progressing since its inception sixteen years ago, and has now reached a membership of nine hundred. This splendid organization deserves the support of every physician in Ontario who has at heart the promotion of scientific medicine, and the maintenance of a high ethical standard among the members of the profession.

* * *

WE noticed in one of our dailies recently the statement that in a certain departmental store in Toronto "is to be established . . . a medical doctor's office, where consultation may be had for a quarter." Is it possible that in this city or province there is a medical man who would so bemean himself (and dishonor the profession) as to value his work as a diagnostician and a medical adviser at a quarter per patient. If he would, of course, that (25c) is infinitely more than he is worth. Instead of being trusted with looking after the health of the employees, he should be sent to the stables.

* * *

THE TORONTO WESTERN HOSPITAL.—For some time past a number of the medical men in the western half of the city have had under way the organization of a general hospital. Things have now assumed a definite shape. Two houses, Nos. 393 and 395 Manning Avenue, have been secured, and furnished in a very comfortable and attractive manner. One of the features of the institution is, that the wards are open to any physician who may desire to obtain good accommodation and nursing for his patient, and still retain the right to attend. The medical men of the western portion of the city will no doubt support such a hospital, having such liberal provisions as to attendance. Physicians are requested to pay the hospital a visit, when the lady superintendent will be glad to furnish all information.

Drs. Barton, P. Brown, J. Spence, J. Hunter, G. H. Carveth, J. B. Gullen, T. S. Webster, F. J. Dawson, J. McCullough, W. J. Wilson, N. A. Powell and J. Ferguson are those who are actively engaged in the work of organization.

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Mr. Massey's Munificent Bequests.—Among the many deserving charities remembered by the late Mr. H. A. Massey, there are some in which medical men are directly interested. His donations to these are as follows: $25,000 to the National Sanitarium Association, now being incorporated for the establishment of a hospital for consumptives in the Muskoka District; $5,000 to the Toronto Home for Incurables; $5,000 to the Hillcrest Convalescent Home; $5,000 to the Hospital for Sick Children, with this condition attached: That the trustees adopt and agree to carry out the principle of representation on its medical and surgical staff of the University Medical College, Trinity Medical College and of the city profession not connected with any of the medical colleges, with a less representation of the Woman's Medical College, upon the general lines of the plan of appointment now in operation at the General Hospital. If the trustees decline to do this within the twenty years allowed to pay the donation, then it shall go to the General Hospital for the increase and maintenance of private wards for surgical patients. Though the trustees, under the will, have twenty years in which to pay over these sums, we understand that they will all be settled in two years.

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Endometritis.—Dr. John T. Jelks, Hot Springs, Ark., in *International Journal Surgery*, concludes his paper by making these remarks: Endometritis and metritis are practically the same disease. The endometritis is the result of infection by pathogenic micro-organisms. These may be introduced by unclean instruments, or by using sterilized instruments in an uncleaned vaginal canal, by the gonococcus, or the bacillus tuberculosis. That all these cases should be treated with a view to their ultimate results, salpingitis, ovaritis and peritonitis. That in order to prevent these latter results every case should be treated with the sharp curette and drainage with iodoform gauze. The diet of the patient must receive the greatest attention, and the bowels must be thoroughly regulated.

* * *

Local Anæsthesia.—Dr. Theophilus Parvin (*Medical and Surgical Reporter*, February 8th) read a paper upon this subject, and Drs. Keen, Ashhurst, Morton and others took part in the discussion. Schleich's method of producing local anæsthesia was the text of the

paper. One of Schleich's tubes contains one and a half grains of cocaine, one-third of a grain of morphine, and three grains of common salt. This is dissolved in 100 cc. of sterilized water. The opinion was held that it was to a great extent the water that distended the tissues and mainly produced the anæsthesia. It further proved that the result, to a great extent, was due to the injection of the liquid with considerable force, as this distended the nerves and rendered them non-sensitive. Under this form of anæsthesia some severe operations had been performed, such as radical cure for hernia, inguinal colotomy for cancer of the rectum, ventrifixation of the uterus. Schleich employs this form of anæsthesia for abdominal sections. Opening abscesses and extraction of teeth can be performed in this way with comfort to the patient.

* * *

GOUTY ECZEMA.—Dr. H. H. Whitehouse, in a clinic on gouty eczema (*Post-Graduate*) recommends the ingestion of all the water that can be taken. The administration of a good purge, followed by the aperient :

℞ Magnesii sulphatis ..... ʒvi.
Ferri sulphatis ..... ʒi.
Acidi sulphurici diluti ..... ʒiii.
Syrupi zinziberis.

Locally :

℞ Ac. carbolici ..... ʒss.
Pulv. calamini, prep .... ʒi.
Zinci oxidi ..... ʒii.
Glycerini ..... ʒiii.
Liq. plumbi acet., dil ..... ʒiv.
Aquæ rosæ ..... ʒiv.

Followed by alkaline tonics. Alcohol and all stimulating foods are to be avoided.

* * *

DIPHTHERIA ANTITOXIN PRESENT STATUS.—In the discussion of a paper by Louis Fischer on "The Present Status of the Diphtheria Question" (*Post-Graduate*, February, '96), Dr. W. H. Porter reports Dr. W. H. Park as stating that where antitoxin had been used for immunizing supposedly healthy children, it frequently produced a pretty marked rise in temperature, accompanied by a moderate albuminuria. Was not such an agent damaging to the animal economy ? As a curative agent it was admitted to be useless in cases of mixed infection, which were the ones needing treatment worst. The others were combated easily ordinarily. Fault was to be found with statistics. It had been said that in about 30 or 40 per cent. of the cases in which the clinical symptoms were those of diphtheria, the bacilli are not found, and in this class the mortality

often ran high ; hence the mortality rate could be greatly decreased by excluding such cases. [We had no idea of the composition of antitoxin, and no guarantee that two samples were alike. Such therapeutics could not be scientifically accurate.] The more he studied the subject, the speaker said, the more he became convinced that the antitoxin must die the death of tuberculin.

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THE PASTEUR GERM-PROOF FILTER.—Probably no one man that ever lived, has left to the world more valuable discoveries in medical science than L. Pasteur, who occupied the chair of geology, physical science and chemistry in Paris, from 1863 to 1875, and afterwards the chair of chemistry at Sarbonne. During his numerous laboratory experiments, it was absolutely necessary to their success to separate germs from their cultivative media, and the knowledge of this induced both Pasteur and Dr. Charles E. Chamberland to study the problem of sterilization of liquids. In 1884 their efforts were crowned with success, when after years of experimenting, they perfected the "Bougie filtrante" or filtering tube, and it immediately became known that the germs of drinking water were susceptible to exclusion by filtration through these tubes. In the following year these tubes, under the name of The Pasteur Germ-Proof Filter, were submitted to the Academy of Science of France, where they received unqualified endorsation, and immediately the Pasteur Filter became in Europe a staple article of trade. The appearance of a tube of a Pasteur Filter is cylindrical in shape, to which it owes its name, "bougie." It has henceforth the greatest possible filtering surface with the least possible volume. The filtration is carried on from the outside to the inside of this hollow tube ; the inside of the "bougie" being in contact only with sterilized liquid, is kept entirely free from pollution. These "bougies" are made from a combination of peculiar clays found only at Sevres, France, and by having been baked at a very high temperature they are not affected by chemical process. The filters are made in various styles to suit the requirements of all classes of work. One of the most important features of the Pasteur Filter is the readiness with which it can be thoroughly cleaned. The bougies have simply to be removed and the outside scrubbed off with any kind of hard brush, its characteristic feature being that it cannot be penetrated by any form of suspended matter, liquids alone passing through its walls, leaving filth and germs on the outside without any exception. We here quote from a report prepared for the Parliamentary Bills Committee of the British Medical Association of England last July : "The very best filter yet devised cannot rid the water of all micro-organisms, with the sole exception of the Pasteur Filter.

Book Notices.

An Atlas of the Normal and Pathological Nervous System, together with a Sketch of the Anatomy, Pathology and Therapy of the Same. By CHRISTFRIED JAKOB, of Bamburg. Translated and edited by JOSEPH COLLINS, M.D., of New York Post graduate School. New York: William Wood Co. 1896.

It rarely falls to the lot of the reviewer to look over the pages of a more interesting book. It may be stated once for all that it is not light reading, as this is a thoroughly scientific work. The illustrations, of course, are the great feature of the book. These plates are, without doubt, very fine. Many questions that cannot be made clear by verbal descriptions, are made clear by the aid of these excellent plates. There are seventy-eight, covering almost every point in the anatomy and pathology of the central nervous system. Reading matter is scholarly and reliable. The printing and binding are all that could be desired by the most fastidious. The price is $3.50. We can cordially recommend the work.

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Syphilis in the Middle Ages and in Modern Times. By DR. F. BURET, Paris, France. Translated from the French, with notes, by A. H. OHMANN-DUMESNIL, M.D., Professor of Dermatology and Syphilology in the Marion Sims College of Medicine; Consulting Dermatologist to the St. Louis City Hospital, to the St. Louis Female Hospital; Physician for Cutaneous Diseases to the Alexian Brothers' Hospital; Dermatologist to Pius Hospital, to the Rebekah Hospital, to the St. Louis Polyclinic and Emergency Hospital, etc., etc. Being Volumes II. and III. of "Syphilis To-day and Among the Ancients," complete in three volumes. 12mo, 300 pages. Extra cloth, $1.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street. Canadian Agent: Watts & Co., 10 College Street, Toronto.

This is certainly a neat and attractive little volume, in the "Ready Reference Series." The former volume dealt with the same subject in ancient times. The present issue brings the subject to the present. The discussion on the alleged American origin of the disease is full and complete, and settles fully that syphilis was not introduced into Europe from the New World. The portion of the book dealing with the existence of syphilis in Babylon and Egypt is very interesting, and the arguments well stated and convincing. To those who wish to look into the history of the disease this work will prove of much interest.

A Text-Book upon the Pathogenic Bacteria for Students of Medicine and Physicians. By JOSEPH MCFARLAND, M.D., Demonstrator of Pathological Histology and Lecturer on Bacteriology in the medical department of the University of Pennyslvania, etc., etc. With 113 illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

This work conveys to the reader a concise account of the technical procedures necessary in the study of bacteriology, a brief description of the life-history of the important pathogenic bacteria, and sufficient description of the pathological lesions accompanying the micro-organismal invasions to give an idea of the origin of symptoms, and the cause of death. It is a work of 350 pages, and deals with such diseases as tuberculosis, leprosy, glanders, syphilis, actinomycosis, madura foot, rhinoscleroma, diphtheria, tetanus, rabies, anthrax, typhoid fever, cholera, pneumonia, relapsing fever, influenza, malignant œdema, measles, bubonic plague, chicken cholera, mouse septicæmia, typhus, and the various septic conditions induced by germs found in suppurative processes. The illustrations are of the best. We cordially recommend this work for beginners.

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Atlas of Traumatic Fractures and Luxations. With a Brief Treatise. By H. HELFERICH, M.D. Greifswald. With 166 illustrations after original drawings, by Dr. Jos. TRUMPP. New York: William Wood & Co. 1896.

This is one of a series of atlases on medical and surgical science which, as the publishers say, "for accuracy, beauty and compactness is believed to exceed anything heretofore produced." This is the finest work of the sort we have seen. The plates are in varied tints and colors, and are splendid reproductions of the lesions. There are from fifty to seventy-five or more full-page plates in each volume, and accompanied by a condensed outline of the subject to which it is devoted. We heartily recommend this publication.

INEBRIETY.—Montyel concludes that inebriety is curable in one-third the cases. The basis of treatment is complete, compulsory, prolonged abstinence—without which there is no chance of recovery. Abstinence should be supplemented by treatment of the condition of the nervous system of which inebriety is the symptom. The patient should be placed under discipline, subjected to an efficacious surveillance, for at least one year.—*Alienist and Neurologist.*

Obituary.

Dr. Laughlin McFarlane.

We deeply regret to have to record the death of Dr. L. McFarlane, one of the oldest and most active members of the medical profession in Toronto. The circumstances surrounding his last illness are of such a nature as to command the sympathy of every doctor, and to touch the heart of the entire community. They were as follows: In operating in his hospital capacity, upon toes which had become gangrenous after frost-bite, he pricked his finger with a needle, and although at the time he took the ordinary precautions, he became inoculated with the poison, which rapidly spread through his system. Twenty-two hours afterwards his finger was much swollen, and although free incisions were made into it, and into the arm as the inflammation extended, his general system became so deeply affected that in a few days his case was regarded as hopeless, and he gradually sank, until a week after, when death ensued.

The deceased gentleman was a Canadian by birth, being a native of Caledon township. He was just in the prime of life, fifty-six years. He was ever of a studious, ambitious and genial disposition. In 1864 he entered as a student the old Toronto School of Medicine, and in 1867, when but twenty years of age, graduated as Bachelor of Medicine. Shortly afterwards he was appoined assistant demonstrator of anatomy in the school, and when the reorganization of the Medical Faculty took place he was given the chair of the professor of clinical surgery. In 1880 he became a member of the hospital staff. He was an honored and valued member of many medical associations. In the Ontario Association he was at one time president, and he also occupied the president's chair in the Toronto Clinical Society, and was a member of the University Senate for twenty-two years. Dr. McFarlane's professional connection was among the very best people in the city, his high position and practice combining as a tribute to his undoubted skill. He leaves a widow to mourn him, but no family. He was married in 1876 to Miss Bond, a sister of John Bond, of Guelph. The following gentlemen acted as honorary pall-bearers: William Mulock, M.P., Vice-Chancellor Toronto University, representing that institution; Judge Falconbridge, representing the University Senate; Dr. Temple, representing Trinity Medical School;

Dr. E. J. Barrick, representing the general profession in the city; Dr. Oldright, representing Medical Faculty; Dr. Charles O'Reilly, representing the General Hospital staff; Dr. Brock, of Guelph, representing the profession outside the city; Walter S. Lee, representing the trustees of the General Hospital.

"He died facing his duty."

Dr. J. H. Saunders.

We are pained to say that another good man has fallen in the ranks of the medical profession of the Province, Dr. J. H. Saunders, of Kingston, who died on the 19th ult., from an attack of septic pneumonia, the sequelæ of a septic throat.

Dr. Saunders' position as professor of clinical medicine at Queen's, as examiner in the College of Physicians and Surgeons, and his activity in the Ontario and Canadian Medical Associations proclaim his status and his interest in the profession.

Dr. Saunders was born in London, England, in 1847, and was the son of a Church of England clergyman. At the age of seventeen he entered the medical department of Queen's College, and graduated in 1869. He went to England in 1870, and passed his examination in the Royal College of Surgeons. Returning to Kingston the same year, he was appointed Demonstrator of Anatomy. In 1871 he removed from Kingston to Deseronto, and established a practice. After practising for a few years in that place he removed to Montreal. He then returned to Kingston, where he entered into partnership with Dr. Yates. Early in the "eighties" he was appointed Professor of Medical Jurisprudence in Queen's Medical College. He retained this chair till last year, when he accepted the position of Professor of Clinical Medicine. He was one of the attending physicians in the General Hospital, and for a number of years served as a member of the Board of Governors. Dr. Saunders was married to Miss Bristol, Napanee. He leaves a widow and eight children to mourn his loss. During the past twenty-three years he had acted as surgeon of the Kingston Field Battery, and at his death held the rank of Surgeon-Major.

Professionally, Dr. Saunders struck one as being a man of much self-command, painstaking, good judgment and kind heart. He was quiet and unostentatious in his demeanor, with much reserve force. He was a thorough worker, and kept himself in touch with every advancement made in the healing art.

Dr. John Sangster Atkinson.

Dr. Atkinson, of Gananoque, died February 24th, at the residence of his brother-in-law, Lieut.-Colonel Moore, in Hamilton. The deceased gentleman was engaged in practice until a few months ago, when failing health caused him to retire from active work. He took his membership in the College of Physicians and Surgeons of Ontario in 1875.

Dr. W. R. Wade

It is strange that the profession in Ontario this winter is losing so many of its prominent members, and the greater number of these young men, or those of mid-life. It is an added sadness to chronicle the death of W. R. Wade, of Dunchurch, aged 33, a distinguished graduate of Trinity, who for six short years has been practising with much success in Parry Sound District. The doctor contracted a cold in the latter end of January, complicated with a sore throat. An urgent call took him a long distance in the country. This so aggravated matters as to make his condition serious. Everything was done, even to intubation and tracheotomy, but without avail. An index of the doctor's great popularity was shown by the fact that he had been unanimously chosen Conservative candidate for the coming elections for the House of Commons.

Dr. A. E. Yelland.

In the death of Dr. Albert E. Yelland, of Peterboro', son of Wm. Yelland, Esq., mayor of that town, the profession has lost a very promising young member.

Dr. Yelland took a brilliant course through Trinity Medical College. Although the youngest member of the class of '87 he was gold medallist. After two years spent abroad he returned and located in his home town, where he had established a splendid practice, his natural qualifications, together with his skill, securing a large and respectable clientele. The doctor was stricken with appendicitis on Friday, February 21st. On Saturday night he was operated on, but it was too late. Death took place on the Thursday following.

The demise of a young, bright, ambitious physician has a peculiar sadness in it. The sorrowing friends have our sympathy, and that of the profession at large.

Walter Thom, M.B.

Dr. THOM, of Dumbarton, who succumbed to phthisis, January 29th, was a last year's graduate from the Toronto University Medical College. He was a hard and faithful worker, and was highly respected by his teachers and his fellow-students. He was modest and unassuming in manner, upright in his walk and conversation, and kind-hearted to a degree. His college chum, F. K. Merritt, a brilliant student, died a few months since. Together in their final year they staged nobly onward to the long-coveted graduation, although silent sufferers from serious maladies. The coincidence was peculiarly sad.

Dr. K. N. Fenwick.

To the members of the profession in Ontario the announcement of the death of Dr. K. N. Fenwick came with a sad shock, both on account of the circumstances connected with its causation and its unexpected suddenness. A slight cut of the finger while operating on a case of septic peritonitis was the simple beginning of so disastrous a result. Within a week the strong man was overcome by the fell destroyer, whom he had so often driven back in his faithful duties for others.

Dr. Fenwick was an eminent man, one who stood in the vanguard of the profession. A successful college course both in arts and medicine, together with post-graduate work, had well fitted him for his life's labors. Beside his large practice he was actively engaged in college and hospital work. He occupied the chair of obstetrics and gynæcology in the medical faculty of Queen's, and had written a creditable work on his specialty. His memory will always be held sacred by his work for Kingston General Hospital. Dr. Fenwick also was a prominent worker in the Ontario and Canadian Medical Associations, but the man who led the discussion in obstetrics in the last meeting of the former, and assisted so heartily to welcome and entertain the members at the meeting of the latter in his city last August, has read his last paper, and given his last handshake. Although we mourn his loss keenly, his influence is still with us.

Personals.

Dr. J. H. Wesley, late of Keswick, has removed to Newmarket.

Dr. S. Scott, of Newmarket, has returned from a three months' trip to the Old Country.

Dr. Herald has been appointed Professor of Clinical Medicine, Queen's University, in place of the late Dr. Saunders.

Dr. James Third, Trinity '91, House Surgeon Toronto General Hospital, '91-'92, who has been practising in Trenton for the past three years, has received the appointment of superintendent to Kingston General Hospital. We congratulate the hospital authorities and Dr. Third.

Selections.

Diet in Diabetes.—For a long time there has been a growing sentiment throughout Germany that diabetes has not been properly treated. Hirschfeld says he believes that diabetic coma is favored by the exclusion of carbohydrates from the diet. Schmitz allows his diabetic patients a small quantity of albumen, while he orders the free use of food containing starch and fat in large amount. Grube impregnates the system with carbohydrates. Williamston, of Manchester, says that homemade bread is much better than specially prepared diabetic bread. A number of American physicians are following this line of treatment with better results than they have had heretofore.—*National Medical Review.*

* * *

The Duration of Antisyphilitic Treatment.—In an article, entitled "The Dangers of Syphilis, and How to Avoid Them," published in the *Journal of the American Medical Association* for January 25th, Dr. Algernon S. Garnett, of Hot Springs, Arkansas, a gentleman of large experience in the treatment of syphilis, asks how we can measure the duration of diseases induced by micro-organisms that may sleep for years before wakening to a destroying activity. It is our inability to answer this question, he remarks, that should make us hold every case of syphilis *sub judice* for at least seven years. Active treat-

ment need not be employed for so long a time; after three years of active treatment with mercury, "the mixed treatment," followed by mercurial treatment for a month twice a year for three years more, will serve, he thinks, to prevent any further destructive action in ordinary cases.—*The New York Medical Journal.*

* * *

THE TREATMENT OF HYPERIDROSIS.—At a recent meeting of the Dermatological Union in Berlin (*Monatshefte fur praktische Dermatologie*, Feb. 1, 1896), Herr Frank said that an alcoholic solution of formalin, of the strength of from ten to twenty per cent., would speedily check excessive sweating. Tannoform, he added, was a mixture of formalin and tannin that had lately been put upon the market by Merck, of Darmstadt. This powder, dusted on the affected part, acted very favorably in cases of hyperidrosis or bromidrosis. He had used it in about fifty cases with strikingly good results, especially in cases of offensive perspiration of the feet.—*The New York Medical Journal.*

* * *

GONORRHŒA IN WOMEN.—The course of gonorrhœa in the female (*Philadelphia Polyclinic*) is a rapidly progressing one, the infection quickly spreading from the vagina to the endometrium and then to the Fallopian tubes. Appreciating this fact and also that the danger to the patient increases in an alarming ratio with the progress of the infection, the aim of the physician would naturally be to prevent the spread and to destroy the disease in the parts already infected. When the disease is limited to the vagina, Dr. Talley recommends the daily washing of the mucous membrane with solution of *mercuric chlorid* (1-2000) and the filling of the upper part of the vagina with dry powdered *tannic acid*. A dry cotton tampon is then introduced to secure the retention of the powder. The cervix must be carefully watched for evidence of the infection of the endometrium, which will be shown by a red or granular condition of the external os and the flowing of mucus from the cervical canal. Should this be noticed, irrigation of the uterus with one or two gallons of a mild alkaline antiseptic solution at a temperature of 110° F., followed by the injection of equal parts of Churchill's iodin and carbolic acid, will, in the majority of cases, prevent the spread to the tubes.—*Buffalo Medical Journal.*

Miscellaneous.

THE JEWEL INHALER CO., of Peterboro', is introducing to the profession an excellent inhaler which excels for simplicity, efficiency and reasonable cost. As the inhalation method of treatment has passed the experimental stage and is recognized as necessary in many affections, this safe, simple and durable vaporizer ought to command a large sale.

* * *

THE DANGERS OF ADVERTISING.—Dr. Krause has resigned his position of privat-docent of the Berlin Medical University owing to a difficulty with the faculty, who had asked him to give his reasons for allowing his name to appear at the foot of a testimonial for a certain brand of soap. On his refusal to do this, the faculty inflicted the severest reprimand in its power, and he resigned.—*Boston Medical and Surgical Journal.*

* * *

THE enterprise displayed by the Aikenhead Hardware Co., in the way they have taken hold of the Canadian Agency for *Pasteur Filters*, certainly shows their faith that the Filters are all the inventors claim them to be. They have fitted up at their warehouse, 6 Adelaide St. E., Toronto, a special department for the sale and display of Pasteur Filters, having the different styles in operation, and it will pay anyone interested in bacteriological subjects to visit their exhibition.

* * *

SANMETTO IN RETENTION OF URINE.—Have given Sanmetto a good trial and find it one of the best preparations I have ever used. Case No. 1.—John D., aged 70, Ireland—has been troubled for a long time—unable to pass his urine. After treatment with other remedies with no benefit, placed him on Sanmetto with following results: The first day the pus increased in quantity, on second day diminished, by fourth day could urinate himself—before this he had to be catheterized. Dose one drachm every four hours for the first three days, afterwards one drachm three times a day. Discharged in ten days, a complete cure of cystitis.—A. C. FORMAN, M.D., House Physician Bayonne Hospital, Bayonne, N.J.

Apropos of woman's limitations as a doctor, the late Dr. W. C. van Bibbert, of Baltimore, used to tell this story. Awakened late one night by a ring at his bell, he called down the speaking-tube to know who it was. "It's I, doctor, Mr. ——. I want you to come at once to my wife. She is in labor." "Yes, but I don't attend your family. Why don't you go for your own physician?" And back came the reply: "I did, doctor; but she's about to be confined herself."—*Boston Medical and Surgical Journal.*

* * *

The New York School of Clinical Medicine has succeeded in introducing a modified form of the European manner of personal instruction, suited to the needs of busy American practitioners, who need brushing up in the specialties, but who can afford only a few weeks' time for the purpose. The method consists essentially in limiting the class to a very few students and having them act as assistants in attendance on the vast clinical material at the school's disposal. As soon as qualified the matriculants examine, treat and operate on patients themselves, the teachers acting as assistants. The school itself as well as the hospital and dispensaries at which its teaching is done, are fitted with everything to meet the requirements of most modern science.

* * *

"New York, Aug. 12, 1871.—Mr. S. H. Kennedy, Johnstown, N.Y. My Dear Sir,—Replying to your favor of the 5th, regarding the use I made with the 'White Oak Extract, Q. Alba,' will say: After using it to my entire satisfaction, I gave it to one of my professional brethren, and asked him to use it and give me the benefit of his opinion of it as a medicinal. He has done so, and agrees with me, that it is the article you should have introduced to the medical profession, in the place of the 'Hemlock Extract, Pinus Canadensis.' It is superior as a medicinal. 'White Oak Tannin' in powder form is well known to the profession, but in this form of Concentrated Extract it is more effective and convenient for use. I make this suggestion now, and, if your business interests will permit, I advise you to substitute the 'White Oak, Q. Alba,' in place of the 'Hemlock, Pinus Canadensis,' for if some enterprising chemist should find out your process for making the 'Oak Extract, Q. Alba,' he would be a formidable competitor, and would embarrass your efforts in securing the physicians' confidence in the 'Pinus Canadensis.' I bespeak for this new 'Oak Extract, Q. Alba,' a cordial reception by the profession. Yours very truly, J. Marion Sims, M.D."

Some Clinical Notes on the So-called Alkaloids of Cod-liver Oil.

BY JOSEPH M. PATTON, M.D., CHICAGO, ILL.

Professor Internal Medicine in the Chicago Policlinic.

SOME time ago I began clinical observations on the use of the so-called alkaloids of cod-liver oil, with the view of determining whether the effects of these much exploited substances were reliable and to be compared in utility to the oil itself, as we are at present able to administer it. The cases selected comprised chronic catarrhal conditions of the lungs of various associations, various grades and types of pulmonary tuberculosis, chronic rheumatism, anæmia, also mal-assimilation associated with catarrhal disturbances of the digestive tract. The results have been such as to interest me to a certain extent in the current dispute as to the nature and derivation of these alleged alkaloids.

The chemical investigation of cod-liver oil dates back to 1822, since which time there have been upwards of twenty investigators whose experiments were, for a time at least, more or less authoritative, and each of whom discovered something to which he attributed the specific virtues of the oil. The most of these observations are only of historical interest at present, and it would be useless to recount them.

Aside from the claims of morrhul as advocated by Chapoteau, to be considered as the active principle of cod-liver oil, we are chiefly interested in the investigations of Gautier and Mourgues. It is not necessary to recount the various substances which these observers found in cod-liver oil, the results of their investigations have been scattered broadcast. The therapeutic results are, however, said to be mainly due to the presence of morrhuine and morrhuic acid (gaduine).

The recent investigations of Heyerdahl have resulted in the discovery of two new glycerides—therapin and jecolein, also a small amount of palmitic acid. Moller points out that Heyerdahl's experiments would show that the fats of the oil which solidify at a low temperature, contain neither stearine or palmatin, but are glycerides of new unsaturated acids not yet understood; that rancidity is due to the formation of hydroxy acids and not to free acids; that the value of the oil lies in the contained free acids in the form of glycerides, and that these free acids must be preserved absolutely unchanged. Moller, along with other opponents of the so-called alkaloids, claims that there are no alkaloids found in the oil from perfectly fresh livers, and that they are plentiful in proportion to the extent to which decomposition has occurred, and that they are, therefore, poisonous ptomaines.

On recent physiological data, Moller reasons out a natural selection on the part of lecithin in the economy, for these newly discovered therapic and jecoleic acids, and claims that the therapeutic virtue of the oil depends upon maintaining the integrity of these glycerides in the natural oil by certain improved methods (Moller's), and that there is no active principle in cod-liver oil which can be isolated.

In Heyerdahl's examination for ptomaines, after the method of Gautier and Mourgues, using the light colored raw medicinal oil, he concludes that ptomaines have not had time to form. Gautier and Mourgues classify the alkaloids discovered by them as katabolic products formed during life (leucomaines). Moller claims that these products cannot be found in steam-prepared oil, but only in oil in which there has been opportunity for decomposition to occur—the light brown oil. In the case of the darker oil the temperature at which it is prepared volatilizes these substances, and therefore they are absent.

The clinician in searching for facts in the various investigations of cod-liver oil will get somewhat mixed. On the face of chemical arguments the opponents of the alleged alkaloids appear to have the best of the discussion. However, most of the arguments, both pro and con, are clouded with the appearance of commercialism, and must be taken for what they are worth. On the other hand, there are numerous reports on the clinical use of the so-called alkaloids giving favorable results, and while the majority of these reports appear to have been made on rather superficial observations, some credit must be given them. On account of the difficulty of administering cod-liver oil, I have for several years discarded its use. The clinical exhibition of the so-called alkaloids was undertaken with the view of determining their value, if any, as a substitue for the oil itself. The preparation used was Stearns' Wine of Cod-liver Oil, which is said to contain the alkaloids as isolated by Gautier and Mourgues. During a period of eighteen months this preparation has been administered to about seventy-five patients, private and clinical. The duration of treatment varied from three weeks to four months' continuous administration in each case. Some five or six cases have been more or less continuously under treatment for over a year. The nature of these cases has been already stated, and with the exception of two or three cases of gastro-intestinal troubles, were all such as are eligible for the administration of cod-liver oil. The general result noted in all such cases was increased facility in digestion and assimilation, and corresponding gain in strength and weight, with an improved appetite. The specific result noted in different classes of cases was as follows: In chronic bronchitis, either occurring alone or as complicating

emphysema, asthma, or tubercular conditions, besides the improvement in nutrition, there was more or less improvement in the bronchial catarrh, with lessening of cough and expectoration; especially in some cases of obstinate localized bronchitis in the lower lobes, where persistent treatment with the usual alterative and expectorant remedies had accomplished little, was there satisfactory improvement under the use of wine. In some of the most chronic cases of localized bronchitis guaiacol was also given, though this was not usually done unless tubercular development was present or was considered as imminent. In the cases of pulmonary tuberculosis, guaiacol was given in addition to the alkaloids, because while there was improvement in the digestion by the wine alone, and these patients expressed themselves as feeling much better, there was relatively much more improvement in the cough, fever, night sweats and associated catarrh when the guaiacol was given.

The general improvement in some of these cases, especially in the early stages, was quite marked. The wine was used as a menstruum for the guaiacol unless the odor of the latter was objected to, in which case it was given separately. The guaiacol is dissolved in an equal quantity of alcohol and added to the wine; five drops of guaiacol in a teaspoonful of wine was usually given three or four times daily. Larger doses of guaiacol were seldom given, as in our experience, patients do as well or better on small doses than where the guaiacol is pushed to the limit of toleration.

In cases of anæmia in young girls treated with the wine alone, there was general improvement in the appetite and strength, with marked improvement in the gastric disturbances incident to these cases. The percentage of hæmoglobin, however, showed slight or no change, and functional hæmic murmurs were persistent. The improvements in these cases on the alkaloids alone were temporary, and they relapsed unless placed on more energetic treatment with iron. In chronic rheumatism, beyond the general improvement in assimilation and nutrition, there was little result. In cases of mal-assimilation from faulty intestinal digestion there were satisfactory results. The best results from the wine alone were noted in the cases of chronic bronchial catarrh, such as usually respond to the treatment of iodine in some form. It is admitted that the small amount of peptonate of iron contained in the wine, and even the wine itself, would, to an extent, be beneficial; but some of the results were not in conformity with the probable effects of such medication, especially in view of the fact that in some of the cases tonics and stimulants had previously been administered without satisfactory results.—*Kansas City Medical Index.*

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"HOLDING" PATIENTS.—From time to time we have been favored with glimpses at the means used by some physicians to retain their hold on patients. We were particularly surprised at the many expressions of lack of confidence in, or of half-hearted allegiance to, a man of large experience who had accumulated a large fortune by medical practice. In case after case it was made apparent that his hold upon patients was not based upon their appreciation of his services, nor even upon a personal affection; yet in some way, which we cannot comprehend or adequately describe, he had succeeded in training a large clientele to the habit of coming to him for medical advice. Some years ago, while patients were by no means as frequent as might have been desired, we were taught a lesson by a blacksmith. "Our" horse was being shod, and during the operation a man drove up and demanded that immediate attention be given to his own animal. The blacksmith responded that each customer must take his turn. The man then threatened to withdraw his trade. As we were in no hurry and did not wish to be a source of loss to a hard-working mechanic, we rather urged him to accede to the demand, unreasonable as it was. This, however, the blacksmith refused to do, and addressing the man with invectives above the melting point of type, he made use of this expression, "I lived before ever I saw you." In a sense we have adopted those words as a motto in dealing with those who, in professional or business relations, have shown a disposition to be unreasonable and exacting. Better poverty with manly independence than riches bought with self-respect. Better a few patients who come voluntarily, and whose every visit is a tribute to the medical attainments and manly qualities of their physician, than a horde of dollar-bringers held by obsequiousness, by a carefully cultivated sense of obligation, or by allurements on a par with the chromos of the tea-store. One of the saddest examples of the mockery of a successful life is the physician of an aristocratic circle, constrained to accept offices of trust and obligation, and to observe the niceties of ritual in a church to the cardinal doctrines of which he could not conscientiously subscribe. We may well imagine that the devil smiles his broadest smile when the man who joins the Church for the sake of the money there is in it is the doctor. The man who has aristocratic patients as a matter of accident or of natural position in life, is not to be sneered at. The one who has worked up to such a practice by attendance on fairs, school commencements and other semi-social functions, by seeking church and club associations, is an abnormality at once pitiable and amusing.—*Medical and Surgical Reporter.*

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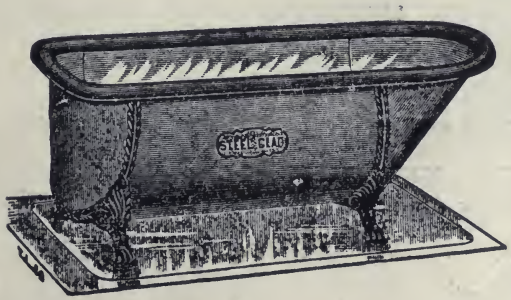

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VOL. III. TORONTO, APRIL, 1896. No. 4

Original Communications.

Notes on an Epidemic of Herpetic Tonsillitis.

BY JOHN R. HAMILTON, M.D., PORT DOVER, ONT.

THE discovery of antitoxine has made the study of the etiology and pathology of diphtheria one of supreme importance at the present juncture, as many of the profession must look with suspicion at the marvellous success claimed by its advocates, and the 60 to 80 per cent. of recoveries will be taken for some time to come *cum grano salis*, notwithstanding the assertion of the pathological microscopist that the Klebs-Lœffler bacilli was discovered in all cases prior to investigation or experimental treatment by injection. The rank and file of the profession may well be justified in having their doubts, both as to the possibility of all being cases of true diphtheria, and also to the great and unusual success being due wholly to this new serum, when we learn from the city of Berlin that such pathologists as Behring, Kaufmann and Virchow express with vigor entirely different opinions as to the curative or prophylactic powers of this much-lauded equine serum. The opinions of these earnest investigators must not be taken flippantly, as they have been formed no doubt after careful and pains-

taking observation in laboratories where nothing is done in a perfunctory manner, and in such as we do not possess in this new country. This quality of doubt which is so important a factor in medical science, and which often arouses our hibernations, was forcibly brought home to me in an epidemic which occurred in my own county (Norfolk), which ran a very uniform course in nearly every case, and which, to the lay mind, resembled diphtheria so very much that any medical man might easily be pardoned for calling it such at the onset of the epidemic. The symptoms, in short, were an exudation on the fauces in exactly the same locality as we find the exudation of diphtheria, but not so ashen in color, and more readily soluble when removed. In some cases it was thick, and caused a slight hæmorrhage when removed, the tonsils and all the cervical glands swollen and the infiltration of the tissues of the neck caused enlargement in most cases, which was generally of short duration. I saw only one case where suppuration of a gland took place in a weakly and probably strumous subject. One symptom, which I have always found very marked in all epidemics of diphtheria, viz., pallor, was only marked in this epidemic by its absence, listlessness was also almost entirely absent, and only a few cases seemed to be troubled with drowsiness, and although we had difficulty in deglutition in some cases, the appetite was generally good, and in nearly all cases the amount of food was the average of that taken during health. I could find no authentic cases of paralysis as a sequel in any case, a nasal twang in the voice being present for a few weeks in a few cases, but as a rule convalescence was rapid, as might be expected in a disease where the great vital centres were so little injured. Of this very unique form of angina we had hundreds of cases in our village and neighborhood and in the county. I have heard the number of cases estimated in the thousands; in fact, scarcely any family escaped a visitation from it, yet we had not a single death from either the disease or its sequelæ, and I have taken pains to know the true facts from all medical men interested; in fact, many, of the cases had no medical attendance at all, for, as the epidemic proceeded and no deaths occuring, the laity concluded it was as harmless as chicken-pox; and their conclusions were evidently well founded that the disease which resembled in some points diphtheria was self-limited.

Now, as every medical practitioner has not the time or material at his disposal (neither does he always understand the bacillus when found) for making a culture test, so, in order to somewhat clear our clouded minds as to what place we should assign this angina, one of my medical friends sent a piece of membrane to the Ontario Board of

Health for Examination, when he was promptly informed by telegram the next day that it contained the microbe of diphtheria. This only made the cloud denser, as the case of the little girl from which it was taken was in no sense any worse than scores of other cases in this epidemic. She had no more pallor, and made the same uninterrupted recovery as the others did, followed by no sequelæ of any nature. The question that naturally arises, in view of these details, is, whether the contention of some eminent German pathologists, that the Klebs-Lœffler bacillus is present in many other anginas than diphtheria, is not well founded. Granting that no error was made in this case, and the microbe of Klebs fully and satisfactorily discovered in such an epidemic as I have described, which can never be comprehended as true diphtheria, as the fact of having not hundreds but thousands of cases in one county without a death, proves conclusively that the idea cannot possibly be entertained for a moment by any student of medicine, and a practitioner reporting one hundred cases of genuine diphtheria without a death would be immediately classed as an ignoramus. Does it not follow that we must pause and ask if all the cases reported as diphtheria were of the true and deathly type we have too often seen. Will we, having these facts in sight, conscientiously send every sick child to the Isolation Hospital on the strength of the discovery of the Klebs-Lœffler bacillus? Will we close all our public schools and institutions where children congregate, when the Central Board of Health report this microbe as present on the fauces of some indisposed child?

I hope we can answer these questions in the near future, when we see the doctrine of Hausmann a fixed pathological law, viz., that the Klebs-Lœffler bacillus is found in other regions than on the fauces in cases of true death-dealing diphtheria, and that we will have to fall back on the general features of an epidemic before we pronounce it herpetic tonsillitis, or true diphtheria, and not rely on this microbe alone, which will bear a little further investigation as the sole cause of our much-dreaded diphtheria, probably as many doubts will surround it soon as now appears to surround the cholera bacillus, which appears to have been found in heterodox places, and, to the disgust of the microbe worshipper, has not invariably left the death-scourge in its track.

In conclusion, then, how grave is the duty the examining pathologist, who assumes the onus of directing the outgoing and incoming of all who are in any manner afflicted with angina. Can he yet specify as an absolute fact whether he has an epidemic of diphtheria, or whether he has nothing but herpetic or follicular tonsillitis? Is he satisfied that the Klebs bacillus is the only true cause, and is its

presence *always* a precursor of the disease we all so much dread? As I said before, time will probably reveal to us the true facts in reference to the pathogenic microbe which has lately kept the medical lights of Europe on the rack, the effect of which will be, no doubt, to make us all think that rather much faith has been placed in the etiology of all disease being due to a specific microbe, regardless of other factors.

Clinical Notes.

Foreign Bodies in Intestine Simulating Gall Stones.*

BY C. M'KENNA, M.D., TORONTO.

WAS called in urgent haste to see Mrs. D——, aged 46. About an hour previous to my visit she had a severe chill, accompanied by vomiting of tenacious mucus, tinged with bile. A few minutes after the vomiting a violent pain seized her in the right portion of the epigastrium.

When I arrived I found her writhing with agony, and throwing herself from one side of the bed to the other; the surface was cold and covered with a clammy sweat. She complained of severe pain radiating through the shoulders and back, but the situation of the greatest pain was in the region of the gall bladder, which was also exquisitely tender.

After the hypodermic administration of morphia and atropine, and the application of hot fomentations the pain entirely ceased, and as the patient was now feeling fairly well I left, first instructing the nurse to search the stools carefully for a gall stone. When I visited the patient the following morning I found her deeply jaundiced; there was extreme tenderness extending from the lower margin of the liver to the umbilicus, temperature 102°. As there was now no vomiting I administered opium freely, and ordered the hot fomentations to be continued. Under this treatment she continued to improve, and in two or three days was apparently well. I now prescribed phosphate of soda, and ordered the inspection of the stools to be continued. In one week from the date of my last visit I was hurriedly summoned in the night, and found the patient in precisely the same

* Read at the Toronto Medical Society.

condition as before; the same routine was gone through with a like result. After remaining well for eight or ten days she was again attacked, but the pain and tenderness did not at this time cease entirely, and for several days there were slight exacerbations. She now began to pass by stool the specimens which I here offer for your inspection. They were voided in lumps imbedded in tenacious mucus, and continued to come away for seven or eight days. After the last of these little bodies had made their appearance (and there must have been two or three handfuls of them) there was passed by stool an ounce or more of fine black powder, hard and gritty, closely resembling powdered coal. I am sorry I cannot show you this substance, as it was thrown out before I could obtain possession of it I examined it, however, and it presented the appearance described.

During the course of her illness, careful palpatation, owing to the obese condition, failed to discover anything like a tumor. I had almost forgotten to say that in the month of July last I attended her during a severe attack of gastro-intestinal catarrh. Since the disappearance of these little substances about two weeks ago she has remained entirely well.

After showing these specimens to Dr. W. Oldright, and having them examined, I questioned her closely as to what she had been eating lately, and she assured me that she had not eaten anything containing seeds since last summer. During the summer of last year, however, she ate large quantities of berries and tomatoes. This admission will, I think, explain the nature and cause of her severe attacks.

The question arises, Where did these mischievous little fellows take up their abode? Was it in the transverse arch of the colon, or where? At any rate they must have been very affectionate, for they evidently stuck together like brothers. These little bodies were berry and tomatoe seeds.

Albuminuria as a Result of Vaccination.—Peiper and Schnaase (*Wiener klinische Rundschau*, February 9, 1896) report that in seven instances among a hundred and twenty-two primary vaccinations—*i.e.*, in 5.73 per cent.—they have observed traces of albumin in the urine. In cases of revaccination they have found the occurrence of albuminuria somewhat more frequent; they have observed it ten times in fifty-four cases. They say that there seemed to be no connection between the occurrence of albuminuria and the number of the pocks, and that it does not appear probable that the elevation of temperature had any influence.—*N. Y. Med. Jour.*

Selected Articles.

The Operative Technique of Vaginal Hysterectomy.

BY CHARLES JACOBS, M.D., BRUSSELS, BELGIUM.

THE TYPICAL OPERATION.

Uterus of Normal Size, Non-adherent or Slightly Adherent.

Instruments:—A perineal retractor, two lateral retractors, a pair of strong scissors, two traction forceps, six long forcipressure forceps, a thermocautery.

The perineal retractor being in position upon the fourchette, the operator seizes both lips of the cervix in a traction forceps and drags down the uterus as far as possible; then, holding the forceps vertically in his left hand, he draws the neck toward the pubis, in order to place the posterior *cul-de-sac* well upon the stretch; the two lateral retractors assist in exposing this region. With the thermocautery in his right hand, he makes a semi-circular incision upon the posterior surface of the neck, after which the assistant on his left takes the traction forceps in order to free the left hand of the operator. The latter then catches, with a long dissection forceps, the lower edge of the incision made by the thermocautery, and continues the dissection into the deep tissues, still by means of the cautery, which he holds as close to the cervix as possible. The opening up of the posterior peritoneal *cul-de-sac* is rapidly done and is greatly assisted by the use of the fingers.

The traction forceps are now drawn vertically toward the fourchette and a semi-circular incision, the ends of which should unite with those of the first incision, is made upon the anterior surface of the neck with the thermocautery. The dissection of the cellular tissue is accomplished by means of the finger, which should separate the bladder and the ureters by a "to-and-fro" movement; the lower vaginal portion of the cervix also being completely dissected from its attachment to the cellular tissue by the same means. The peritonæum, which appears at the bottom of the wound, is caught up by the operator and incised with scissors, the opening being further enlarged by the fingers.

The index finger is now introduced through the open pouch of Douglas and examines the body of the uterus and the condition of

the appendages. The separation of these organs from their adhesions to neighboring tissues is aided by the steady traction exerted by the other hand of the operator, which holds the forceps upon the uterine neck. The thumb and index finger of the left hand then grasp the entire thickness of the tissues which unite the neck laterally with the neighboring tissues, and which always includes one or two vaginal arterioles. These tissues are firmly compressed by forcipressure forceps with a short bite, placed along each side of the cervix, and are then divided. After this proceeding, the uterus descends considerably.

In order to extract this organ, it only remains to draw strongly upon the traction forceps, a finger being introduced at the same time into the anterior *cul-de-sac* to give the body of the uterus a swinging motion in an outward direction; the appendages follow. A long pair of forceps are placed, on the outer side of the appendages, upon the broad ligament; if the uterus be large and the vascular system greatly developed, I do not hesitate to use two forceps, the lower one assuring hæmostasis of the uterine and the upper of the ovarian artery. The incision is made on the inner side of these forceps and the uterus is removed entire with the appendages. The patient has not lost five grammes of blood. The "typical" operation, performed by this method, takes from two to five minutes.

Large, Adherent Uterus, without Attachments.

The beginning of the operation is exactly similar to the preceding—that is to say, we detach the cervix from its insertion in the vagina by means of the thermocautery, we open up the anterior and posterior *culs-de-sac* and place laterally on the neck two long forceps, which enable us to dissect it out without hæmorrhage.

We now divide the anterior lip of the cervix in the median line, and traction forceps are placed to the right and left of this commissure. The left forceps is handed to an assistant, who draws forcibly upon it in a downward direction, while the operator holds the right forceps in his left hand and the scissors in his right. The cervix is divided at the median line as high up as possible and from before backward. Two traction forceps are fastened upon the edges of the wound, one on the right and the other on the left, one branch of each being in the uterine cavity and the other fixed upon the anterior surface of the cervix or uterus. Traction is maintained by continuous action upon these forceps. Those adhesions holding the uterus in the pelvis, which are most accessible, are now divided and the median incision is continued. As a deeper portion of the anterior surface of the uterus appears it is divided, and two extra traction forceps are applied as

high as possible upon the lips of the incision. When the fundus is reached, the last adhesions are broken up by the finger and a swinging motion outward is given to the uterine body, in which manœuvre a finger placed behind it is of marked assistance.

When the uterus is delivered, the appendages come at once within reach and are seized and drawn down as far as possible. One or two forcipressure forceps are then applied to the broad ligament outside the annexa and control the uterine and ovarian arteries. Here, also, the uterus is removed entire with its appendages.

It often happens that, during the rocking motion given to the uterine body, the cervix, if large and somewhat elongated, tends to fall back into the cavity of the vagina. By drawing upon the first two traction forceps, which should always be left in place, the whole organ can easily be drawn down.

It is an essential point in placing the forcipressure forceps always to protect the bite of these instruments upon the index finger passed in front and the thumb passed behind the ligament, that we may be certain not to injure any organ, whether intestine or omentum. In the same way, section with the scissors should always be carried out with the greatest care.

The cases of uterine prolapse, which occur in this category, often present great difficulties on account of the thickness of the vaginal mucosa, the great vascularity, the elongation of the cervix and the formless condition of the portio vaginalis. Here, also, one must be very careful not to wound either the rectum or the bladder. I have always found, in cases of prolapse, that the operation is longer and more difficult than in other cases.

Cancer of the Cervix.

After having freed the cervix from all friable tissue by the sharp curette, I increase the traction forceps over its entire circumference; that is to say, in order to draw down the uterus I use four, six, eight, or ten traction forceps—a method which prevents any of the forceps from slipping and tearing the tissues.

With the thermocautery, I then incise widely the vaginal mucosa all around the neck, for a good centimetre in length of the diseased tissues, as far as the cellular tissue. The freeing of the bladder and of the rectum is accomplished by the finger. If, unfortunately, the bladder be torn at the time of operation, the wound should be closed immediately with interrupted sutures. I open the anterior and posterior *culs-de-sac* with scissors, the finger being used to protect the broad ligament. After this, the openings in the peritonæum are

enlarged by the fingers and the uterus is drawn down to the vulva by traction forceps. Two small forceps are then placed on each side of the lower vaginal portion of the cervix. Great care must be taken before closing the forceps that the integrity of the tissues is assured; the cervix is now entirely freed by the scissors. I am accustomed, next, to give a swinging motion to the uterine body, anteriorly or posteriorly, according to the greater facility given by its position and size. Two forceps placed outside the annexa, which follow the extraction of the uterus, assist very greatly in rapid total extirpation, and, in a measure, obviate the fear of infecting the pelvic peritonæum.

Commencing Cancer of the Body.

The method is the same. If it has lasted several months, the uterus has increased in size and become very friable, and extirpation may be *very difficult.* After opening the peritoneal *culs-de-sac* and completely freeing the cervix up to the level of the internal os, I perform median section, either anteriorly or posteriorly, according to the case; the danger to be avoided is the *slipping* of the traction forceps. This may easily be obviated by employing very small forceps and many of them, since with the cervix the multiplication of points of traction assists the operator very greatly and is an assurance that he will not see his instruments suddenly slip out of hand and the uterus rise in the pelvis.

By means of this method, pursued carefully as far as the fundus (which should always be protected by the finger), we reach a point when the uterus may be drawn down to the vagina and the operation completed by forcipressure of the broad ligament.—*The American Gynæcological and Obstetrical Journal*, March, 1896.

Chloroform and Atmospheric Pressure.—Benedicenti (*Archives Ital. de Biologie*, xxiv. 3) obtains the following results by chloroform anæsthetisation of dogs and rabbits under varying atmospheric pressures: (1) Chloroform introduced by the œsophagus is mainly eliminated unaltered in the expired air. (2) The elimination of chloroform by the lungs is very considerable during to first half hour after its introduction; it then progressively diminishes, though persisting to some extent for a long time. (3) The action of chloroform is more rapid but less lasting if the atmospheric pressure is reduced. (4) The elimination of chloroform by the lungs is much more rapidly effected in animals subjected to very low pressures.—*British Med. Jour.*

Society Reports.

Toronto Clinical Society.

The regular meeting of this society was held on the 11th of March. In the absence of the President, Dr. Temple occupied the chair.

Dr. L. McFarlane—Resolution of Condolence.

The following resolution was moved by Dr. J. A. Temple, seconded by Dr. A Baines, and unanimously adopted :

"Whereas, it has pleased Divine providence to remove by death, while in the discharge of his public, charitable duties, our esteemed fellow-member, Dr. Laughlin McFarlane, be it resolved,

"That we herein desire to give expression to the sense of loss this society has sustained in the death of one of its most honored and useful Fellows, and to bear testimony to the zeal and interest which Dr. McFarlane has always manifested in the work of the Clinical Society.

"That we fully recognize Dr. McFarlane's skill as a surgeon, and realize that in his death this society has lost an earnest and faithful worker, and a devoted exponent of scientific progress.

"Resolved that, as a society, we desire to extend to his widow our sympathy and sorrow in her bereavement."

The Secretary was instructed to forward a copy of the resolution to Mrs. McFarlane.

Gonorrhœal Endocarditis.—Dr. H. B. Anderson read a paper on Gonorrhœal Endocarditis. The patient was a man aged 23. His father had heart disease. Patient's previous history was unimportant. He was strong and robust. He contracted gonorrhœa, which was followed by orchitis. This was accompanied by chills and frontal headache, and general pains throughout the body. The tongue was furred, and he had the usual symptoms occurring with fever, which symptoms continued. Severe vomiting set in; he could not retain anything on his stomach. Was seen by the writer first on the 5th of February. Temperature, 102.1 ; pulse, 86 ; and the above symptoms accompanied with a good deal of nervousness, and restlessness were present. Symptoms were severer than would be expected from the orchitis. Heart and lungs normal. Spleen not enlarged ; no eruption. Urine examined with negative results. Patient remained

the same for the next three days, temperature reaching 101.2, and finally as high as 103½; pulse, 108; respirations, 30. Physical examination revealed a systolic murmur at the apex of the heart. It was not traceable to the axilla, but was heard at the base and up into the neck. Temperature kept up for several days and then dropped to normal, gradual recovery taking place. He was discharged from the hospital in twenty-one days. Pathologically considered, the Doctor believed the course of events was as follows: The lodgement of the gonococcus in the urethra produced the purulent urethritis; then the organisms gained entrance to the blood stream, and were carried throughout the body, producing a mild form of septicæmia, evidenced by the chills, fever, pains and vomiting, there being no local condition sufficient to explain it. Some of the organisms deposited in the testicle caused the orchitis. Their presence in the blood produced the endocarditis. The gonococcus often was the only organism present in gonorrhœal rheumatism. The only way it could reach the joint was through the blood stream. These organisms were responsible for certain cases of spinal meningitis, pleurisy, etc. The Doctor then gave a resumé of the bibliography of the subject, all of which went to show that the gonococcus may produce a great variety of pathological conditions in the system.

Dr. Baines asked if the vegetations were due to the direct action of the gonococcus or to rheumatism. He also asked if the murmur was still persistent.

Dr. Primrose said that the reader had classified this case of endocarditis with the condition found in gonorrhœal rheumatism. In ordinary gonorrhœal rheumatism the affection of the joints did not occur in the acute stage but at a later period, when the gonorrhœa had become chronic. He pointed out that gonorrhœal rheumatism seldom goes on to suppuration. He asked, in the case reported, if the whole testicle was involved, or merely the epididymis. In most cases the epididymis alone was affected.

Dr. Cook asked for the treatment of the urethritis.

Dr. Anderson said that the murmur was present when he examined the patient last. He said that the rheumatic tendency favored the deposit of the gonococcus in the system. The vegetations were the result of the inflammatory process produced by the presence of the gonococcus. Cultures flourished more vigorously in acid mediums. The time at which the joints were affected depended entirely on the time of entrance of the organism into the blood stream. Perhaps it took a considerable number to set up the inflammation. He said that the orchitis affected the whole of the testicle. He had not super-

vised the treatment of the urethritis, but supposed it was treated in the usual way.

DR. SPENCER asked why it was that the gonococcus flourished in the eye, which was bathed in an alkaline secretion.

DR. ANDERSON said that he had thought of this anomaly, but was not able to explain it.

DR. COOK reported an interesting case of syphilis occurring in a professional man, the result of using a lead pencil which had been used by one of his clerks, who he suspected had the disease.

DR. FENTON was elected a Fellow of the Society.

Toronto Medical Society.

President, DR. OLDRIGHT, in the chair.

THE regular meeting of the Toronto Medical Society was held March 19th.

Ulcer of the Stomach.—Dr. N. A. Powell presented a specimen of ulcer of the stomach. The patient was a man aged 42, who was seized suddenly with violent pain in the region of the pylorus, accompanied by very marked collapse. The pain extended behind to the left shoulder-blade, a feature which the speaker considered characteristic. Morphia and hot fomentations were used to overcome the pain. The patient died within twenty-four hours. *Post-mortem* showed evidences of cirrhotic changes in the liver, the result of steady indulgence in alcoholic stimulants. The other organs were normal. There was commencing peritonitis. An ulcer was found in the posterior wall of the stomach, near the lesser curvature, toward the pyloric extremity. It presented signs of the presence of a previous ulcer, which had healed. Such cases were most frequently seen in girls about twenty and men about forty. In this case there had been no premonitory symptoms, the patient not having missed a day's work for many years. There had been, he believed, about thirty cases operated on; but there had been no success in any case unless the operation was done within twenty-four hours.

Dr. POWELL read the report of another case which he had obtained from Dr. Harvey, of Orillia. Patient was a girl, aged 18, who consulted the Doctor for treatment in June, 1894. She complained of never having menstruated. She was frequently troubled with rushes of blood to the head, but otherwise seemed to be in excellent health. After a few weeks treatment on manganese dioxide, the menses appeared, and two months later the mother reported her to be in

excellent health in every way. The Doctor was not consulted further till January 22nd, 1895. Patient was complaining of nausea, pain after eating, flatulence and constipation, the first symptoms having appeared five days before. An ordinary dyspeptic mixture was given. He was called to see her on the 26th of January. She was complaining of severe pain in the left side about the level of the fifth or sixth rib. Temperature and pulse normal. A dose of morphia relieved the pain. Next mornlng the father reported her much better. In the night she had complained of pain in the left shoulder and down the left arm. On the 28th she was feeling well and was anxious to get about. Continued well during the 29th; but on that evening the Doctor was sent for hurridly, the patient being much worse. She was suffering from very severe abdominal pain, tenderness, and tympanitis. Temperature 97 and pulse 150. Death ensued, No *post-mortem*. The case recited, the Doctor stated, was, no doubt, one of gastric ulcer. He considered where these cases were diagnosed early, they were suitable ones for operation. The edges of the ulcer were usually only slightly inflamed, and would in most cases unite by primary union. One or two cases had recently been reported where the ulcer was so rugged that the surgeon adopted an expedient that he, the speaker, had suggested, viz., making an anastomosis at the point marked with some part of the bowel below. This he considered would be easily done, and might be better than to sew it up. Where the ulcer is small its invagination and the use of Lembert's sutures in two rows would be sufficient.

Dr. McMahon referred to a recent case which he had seen, where the operation did not take place till thirty-two hours after the onset. Recovery followed. He stated that at the height of digestion, the contents of the stomach were aseptic, and that it was not necessary that a little leakage should set up trouble. With regard to the anastomosis, he saw one objection: the food would not come in contact with the pancreatic juice and the bile. He called attention to the difference between collapse from perforation of the stomach and collapse from appendicitis, the escaped poison from the appendix being more virulent than that from the stomach.

Dr. Carveth related a case in which perforation took place where the contents of the stomach escaped through the diaphragm lung, and burst into the bronchus. On the morning of the sixteenth day, corn and other contents of the stomach were coughed up.

Dr. Greig referred to the pathology of these cases. Where they occurred in older people, atheromatous degeneration of the arteries was a basis of the trouble. Traumatism, as from the taking of hot foods,

hyperacity of the gastric juice and anæmia were also causative factors. A deteriorated condition of the blood was favorable to the production of an arterial embolus. The part of the stomach supplied by this artery became necrosed; the necrosed portion underwent digestion by the gastric juice, and thus lead to perforation. Persons whose occupation or dress caused pressure over the region of the stomach were more susceptible to this condition than others.

Septicæmia.—Dr. McMAHON related a case in practice. Patient, M.S., aged 36, widow. Two children. Never ill before. He was called to see her one Sunday morning for a severe pain in the ear, which was readily controlled by a dose of morphia Following this she became very sick at the stomach. He thought at the time it was probably due to the morphia, but was doubtful of the fact now. She remained very ill. Temperature slightly elevated. On the Monday previous she had had some chills. On Wednesday, felt heavy chill, and on Thursday noon took hot rum and quinine; fell into a deep sleep. Had some headache on that day. He thought she had catarrh of the middle ear, the result of a cold. He had been attending her sister, the week before, for similar symptoms. Gave favorable prognosis. When he saw her on Wednesday, she said she had had a great deal of pain since Sunday. The pulse was very good, and up to this time the temperature was not high. The temperature on Wednesday was 103; a systolic murmur was noticed. Patient was sent to the hospital. Temperature, 104.4; pulse, 108. The fever remained high for three days. Dr. McPhedran saw the case with him on Sunday. Diagnosis: septicæmia, probably cranial. The question was whether it was due to malignant endocarditis or to middle-ear trouble. The patient had complained of dizziness on one or two occasions. At the time it did not strike the Doctor as important. The *post-mortem* showed pus in the petrous portion of the temporal bone and mastoid cells. Lymph was found over the meninges, extending to the lateral sinus. The purulent condition extended over about two square inches. He did not know whether the heart was examined. The Doctor compared this with a somewhat similar case he had a year ago, in which an abscess was found in the cerebellum. Dizziness was a prominent clinical symptom. In answer to questions, Dr. McMahon said, in the case reported pus was discharged from the middle ear after the patient became unconscious. The pain in the head was only severe at times.

Dr. POWELL said that some fifteen years ago he was called to see a case in consultation. The consultant having lost a similar case some time before within thirty-six hours decided to act promptly in the present one. In the case Dr. Powell saw, the patient was

unconscious and delirious. There was a history of chills and heavy perspiration. The temperature was 105. The drum membrane of one ear was bulging. He perforated the drum membrane and improvising a douche, washed out the ear after inflating with Politzer's bag. There was no discharge. He enlarged the per oration and inflated again, but still there was no discharge. He then introduced a probe, followed by forcible inflation, when an inspissated mass, followed by a large collection of pus, was evacuated from the ear. The next morning the temperature had dropped to 100, and the patient was conscious. A good recovery followed.

Stone in the Bladder.—Dr. PETERS presented a stone which he had removed by dilitation of the urethra from the bladder of a woman aged thirty-two. It was phosphatic in character. She had given a history of passing calculi before. Had suffered from constant pain and frequent micturition. The outside of the stone showed a marked granular condition; there was no appearance of attrition. He believed it was adherent to the mucous membrane. The urine was alkaline and contained albumen, sugar, pus and epithelial cells, crystals of tripple phosphates were also present. The woman was in the pregnant state, which may have accounted for the temporary glycosuria. He dilated the urethra, introduced his finger and could feel the stone. He removed it by using a pair of fenestrated forceps. It was three-fourths of an inch in diameter. Had he known it was so large, he would have crushed it.

Dr. POWELL pointed out the advantages of rapid dilitation of the urethra over slow dilitation. He referred to the method of crushing the stone and of its removal by an opening through the septum between the vagina and the bladder.

Dr. PETERS said that the order of procedure, according to his idea, was: first, dilitation and removal by forceps; second, by crushing with the lithotrite and irrigating; third, by super-pubic lithotomy.

Perforating Typhoid Ulcer.—Dr. CARVETH related the history of two cases of perforating typhoid ulcer. He referred to the cases for this reason: In one case great care had been taken, but perforation had taken place. The other case had been treated recklessly, and perforation had taken place. The first one had been sent from the country, the diagnosis not having been made. The patient had been up and about for two weeks. Taking worse he was sent to the hospital, perforation taking place on the way. Death took place in four or five days. Diagnosis was not made till the *post-mortem* The other was a case he had seen early in the disease and had sent to the hospital. Extra nursing and attendance had been given. In

spite of that, on the tenth day perforation took place, and death in four or five days. *Post-mortem* not held. An interesting point was that, although perforation took place at a certain time, there was no evidence shown in the character of the pulse until twelve hours after the pain had been felt in the abdomen. The diarrhœa continued after the perforation had taken place in one case.

Dr. GREIG asked if the patient had been treated on the eliminative plan. He had understood where typhoid cases were treated with large doses of sulphate of magnesia, large quantities of fluid being given, perforation never took place.

Dr. MCMAHON said that that was all buncombe; perforation did take place; he had seen lots of patients die when the purgative plan was used.

Dr. CARVETH said that the eliminative plan had been followed.

STERILITY.—Graefe *(Centralblatt fur Gynäk)* gives the following causes of sterility: 1. Anomalies of the hymen or malformation of the genital tract. A very large vagina can also be the cause of sterility, as the sperma flows out immediately after coitus. 2. Vaginismus. 3. Excessive acid reaction of the vaginal mucus, which destroys the power of motion in the spermatozoa. 4. Narrow external or internal os, anteflexion, retroflection, endometritis, gonorrhœa, especially with involvement of the adnexa, neoplasms. 5. Constitutional diseases, as tuberculosis, syphilis, chlorosis, and obesity.—*N. Y. Medical Record.*

* * *

OLIVE OIL IN THE TREATMENT OF BRUISES.—Instead of having recourse to applications of arnica tincture, camphor spirit, and to strong compression of the swelling, in the treatment of light bruises, Dr. G. Auger prefers the use of olive oil, both in children and in adults. He applies the oil freely to the contused parts, and rubs the latter lightly with a rag, absorbent cotton, or with the fingers, and then covers the bruise with a compress saturated with olive oil. The author claims that this treatment gives immediate relief to the patient, and that the formation of a bloody protruberance is often prevented; while excoriations and superficial wounds, which may be present, heal very rapidly.—*American Medico-Surgical Bulletin.*

Editorials.

Council Examinations.

THE spring examinations by the College of Physicians and Surgeons of Ontario are now upon us, and we hear that but little change has been made in the manner of conducting them. Whilst wishing to give the Council and the examiners every support, we think that true friendship is best shown by a kindly criticism. First, sufficient time is not allowed the examiners for a thorough test in the "oral." Fifteen minutes for each student is not enough, especially when one such examination embraces two or three subjects. There should be a special examiner for therepeutics, and also one for gynecology as a separate branch.

Four or five hours a day is a good days work for an examiner, and we would point out a fact that is already well known to many, namely, that after a few hours steady work, with a fresh student every fifteen minutes, an examiner is not at his best, and may do an injustice to himself, the Council, or the student who is being examined.

We take the liberty of suggesting to the Council the advisability of increasing the importance of the clinical and oral examinations, and of lengthening the time allowed for their conduct. Of compelling the students who present themselves to write their answers in a legible way, of raising the pass standard, and last, but not least, of increasing the payment given to the examiners. Their work is hard and they are worthy of suitable compensation. Whilst too much credit can hardly be given to the Council for the vast improvement which it has brought about in the condition of the profession, we think there is room to act with a free hand in raising still more the standard, not only of those who are seeking a license to practice, but also of those who are seeking entrance to the student rank.

We would like the Council to insist on a course of instruction in medical ethics; being assured that many of the younger members of the profession who go astray do so from ignorance. Can they be blamed for this when they are not taught, and when students know, that they can procure a license though they may be innocent of knowledge on this most useful branch?

The Case of Dr. Playfair and Mrs. Kitson.

PERHAPS in the whole history of medical jurisprudence there has not occurred a more interesting case than the above. The high, social standing of the parties concerned renders it specially noteworthy. To medical gentlemen in Britain, Canada, the United States and elsewhere Dr. Playfair is known as a high authority on obstetrics, and the author of an excellent work on this subject. He is a brother of Lord Playfair. His wife is a daughter of Sir James Kitson, and the sister of the Kitson whose wife sued Dr. Playfair.

Mrs. Kitson was ill, and attended by Dr. William Williams. The case was serious, and Dr. Playfair, the brother-in-law of the patient, was called in consultation. He made an examination and performed an operation. He came to the conclusion that Mrs. Kitson had not been a faithful wife, as her husband had been abroad for over a year. This opinion he imparted to his wife and Sir James Kitson, the father-in-law.

Mrs. Kitson brought suit against Dr. Playfair to vindicate her character. The latter, instead of pleading the truth of his imputation, set up that his communication of the alleged facts was based upon his honest belief and was priviliged. He had a right, he said, to inform the members of his family, in order to protect them from a woman, who, in his opinion, was unfit for their society.

Justice Hawkins took the ground that where medical ethics and law conflicted the law must prevail. The judge did not think that an attending physician should impart the secrets of his patients to the public. He remarked to the jury that the theory that it was always the duty of a physician to inform the public prosecutor when he suspected that a crime had been committed was simply monstrous. He further remarked that if every medical man in the country testified that he had a right to betray a confidence under certain circumstances, it would not altar the law, or his responsibility under the law. He held that it was sufficient for Dr. Playfair to have requested his wife not to associate with Mrs. Kitson, without giving away the secret of his patient. Verdict was against Dr. Playfair. Damages, $60,000.

Cable despatches have it that the case will be appealed, and that the *British Medical Journal* will state editorially : " We confess to a feeling akin to sympathy with Dr. Playfair for the distressing result of the decision on his part as to the proper line of conduct in dealing with the painfully conflicting duties with which his path was beset. We find nothing in the circumstances to reflect severely either upon his clinical acumen or his moral rectitude.

"A truly unfortunate position was forced upon him by circumstances of the most difficult and, in fact, unprecedented character. Never before, as far as we know, has the tradition of medical secrecy been so severely tested. Dr. Playfair had to balance the grand traditions of medical confidence as against his duties between relative and relative. We find it difficult to say how any other man, placed in a similar position, would have acted, and we have yet to learn that those who censure him so freely would not have taken the same course. One thing is certain: this memorable and most painful trial strengthens and fortifies the great doctrine which has long made the medical profession one that is everywhere trusted and respected as the keepers and confessors of family confidence. But it does so at tremendous cost to an individual who is certainly guiltless of any evil intent, who acted, we fully believe, from the purest motives and under a strong sense of duty, which compelled him, in his opinion, to treat this case as a legitimate exception to the general rule."

This case goes to show that the safest course is to look wise, but to say nothing. The words of Justice Hawkins and the verdict of the jury, indicate that few (if any) circumstances justify a medical man in giving away the confidence of his patient. Never betray a professional confidence, unless forced to do so in a court of law.

Fees for Insurance Examinations.

Towards the end of last year some of the large insurance companies in the United States, which also do business in Canada, made a change in their plan of remunerating their medical examiners, which affects the income of the insurance examiner, lessening it to a very considerable extent. Whilst the old tariff of $5.00 for each examination was in force medical men could afford to give the necessary time and attention to the cases, and the earnings of the various companies gave substantial proof of the ability and care bestowed upon the cases in the interest of the companies. With the present tariff, if the examiners give the necessary time, they rob themselves for the benefit, in many instances, of rich companies. The new tariff provides that in case of application for $3,000 insurance or under the fee is $3 00; in case of application for over $3,000, but less than $25,000, $5.00; in case of application for $25,000 or upward, short of $50,000, $7.50; in case of application for $50,000 or upward, $10.00. There are many cases where the amount applied for is $3,000 and under, and very few where the amount is $25,000 or over, so that it means

a very decided cut in the fee in most instances, with nothing to counterbalance it unless in an occasional exceptional case.

To us it would seem that the effect will be not only to lower the medical fee, but also indirectly to lower the standing of the companies, for medical men, who, by the way, often affect the reputation of a company, will not favor companies which only pay fees such as are offered by second-class companies. In some places vigorous protests are made against the innovation. Here, though there has been talk, as yet there has not been concerted action by members of the medical profession. From the low murmur of disapproval, however, there will be some result. Medical men of the first rank will see that they can ill afford to work for the lowered fee, and their places will be filled by men of less experience, unless the insurance companies see their false economy and restore the old tariff, which was anything but high.

The Rœntgen Rays.

THE attention of the medical and lay world has been strongly fixed for the past few weeks on the wonderful discovery, by Professor Rœntgen, of the "X" rays, and its practical application to the diagnosis and treatment of disease. The tendency to become over-enthusiastic as to its value in these respects should be prevented by the statement of Herr Rœntgen, made when called to give a demonstration before the Emperor, that its importance would likely be much over-estimated. However, its value in discerning anomalies of the bones of the hands and feet, the presence in them of bullets, needles and tuberculous foci, has already been demonstrated. Experiments show that gall-stones permit the passage of the rays, while renal calculi do not.

From the long well-known remedial action of sunlight, particularly of the violet ray, hopes have been running high that the "X" rays may be applied to the treatment of certain lesions; *e.g.*, pulmonary tuberculosis. Recent experiments, however, by Delphine show that on the growth of cholera, vibrio, bacillus coli communis, bacillus anthracis, the bacillus of typhoid fever, and the cholera bacillus, the rays had no effect whatever. However, more highly concentrated rays and longer exposure may give a different result.

At all events the discovery has given a wonderful impetus to investigations along this line by hundreds of scientists, and as a result we may assuredly expect revelations of very great interest which will, when practically applied, be of incalculable benefit.

CHICAGO Board of Health reports on the treatment of diphtheria by antitoxine are much in favor of its employment in that disease.

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INSANITY IN CRIME.—Editorially, *Longsdale's Lancet* says, in the February number, that when insanity is pleaded in defence of crime the court should appoint a commission of experts to examine into and pass upon the case. If they agree that the prisoner is insane, he should be confined until those capable of judging shall pronounce him sane. If pronounced sane, he should be tried on the evidence, the insanity dodge being eliminated.

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ONTARIO MEDICAL ASSOCIATION.—The Committee on Papers of the Ontario Medical Association have chosen the following leading subjects for discussion: In surgery, "The Operative Treatment of Mammary Carcinoma." In medicine, "The Treatment of Phthisis." In obstetrics, "The Treatment of Puerperal Sepsis." In reply to the general invitation for papers to the nearly 1,000 members, an excellent programme should be arranged. A big rally is expected at Windsor, June 3rd and 4th.

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THE establishment of a home for consumptives is being advocated in Chicago. The advisability of establishing it in a distant out-of-the-way place is illustrated by the Chicago physician, who left that city and located in a well-known western resort. He was seen some months after again in the city, and was asked why he returned. He replied by saying, "that he would rather die in Chicago than live to be as old as Methuselah in the mountains. In the city one could get everything except air; in the mountains nothing else."

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PROFESSORS AND THE ADVERTISING POSTAL CARD.—We have just received an immense post-card by mail, which contains, in type so large, that anyone may easily see the tremendous advantage to be gained by going to a western city of the United States to attend the Polyclinic. Though we have had something in this line before, our nervous systems were hardly prepared for the shock of an advertisement such as might be sent out from a patent medicine firm or a modern departmental store. We notice that all those who are to give instruction are Professors!!!—that "no effort will be spared to make the course eminently practical to the general practitioner." Special prominence is given to surgery, gynecology, skin and venereal

diseases—and all for "the special low fee of $35.00." Here surely is a chance that we should not miss—a sort of a "Friday bargain day" in four weeks, during which time, if one might judge from the illuring nature of the 8¾ by 4¾ inch post-card, the careful student would surely come out a specialist in most of the subjects. We regret to see on this card the names of men from whom we might expect a higher type of ethics. For further information address Dr. F. H., 176 E. Ch. Ave.

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Deep Hypodermic Injections.—In an article in the *Medical and Surgical Reporter*, L. L. Ames recommends deep hypodermic injections instead of the subcutaneous. It causes no more pain, it is not necessary to hold the finger over the point of injection, there is no swelling, there is no discoloration, and seldom does any soreness follow.

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Fibroids.—F. H. Martin, in the *American Practitioner* for March in an article on Fibroids, summarizes by saying that the cause of fibroids has never been satisfactorily determined; that they seldom occur before puberty, and seldom before twenty-five, while the greater number develop between thirty and forty years. The unmarried state predisposes to their development? Married women who prevent conception, while less liable to develop fibroids than unmarried women, are still much more prone to them than child-bearing women. Child-bearing women are the least disposed to fibroid of the uterus. Negro women are predisposed to this form of neoplasm.

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Chronic Rheumatism.—Cantagrel, in *Medicine Moderne*, says that chronic progressive rheumatism is a disease of general nutrition, and differs widely from acute articular rheumatism, now believed to be an infectious process. Heredity is a powerful factor in its production; it is called into activity by damp, cold, exposure, hardship, strain and overwork. Flannel next the skin, the use of woollen bed sheets, change of residence and climate, suitable diet, massage and rubbing with alcohol, tonics (iron, cod liver oil and arsenic), he recommends in the way of treatment. The arsenic may be administered in the form of baths, one to eight grammes of arseniate of soda, and one hundred or one hundred and fifty grammes of bicarbonate of soda being dissolved in each bath. For deformity and stiffness, iodides are administered internally. Three or four months are needed before there is much sign of improvement.

MIDDLE-EAR INFLAMMATION.—For chronic cases of middle ear inflammation with suppuration, Dr. J. C Workman, in the *Columbus Medical Journal*, recommends cleanliness and disinfectants as the important measures of treatment. After inflation of the middle-ear cavity by Politzer's method, the discharge driven in the canal may be readily removed by the syringe or the cotton application. Then having thoroughly dried the canal, a very small quantity of boracic acid or other antiseptic powder should be insufflated. Weak solution of sulphate of zinc or nitrate of silver are often used. The frequency of cleansing should depend on the amount of discharge. Tonics, such as cod liver oil, iodide of iron, etc., are of benefit.

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ACETANILID, ITS ACTION AND USES.—Dr. William Martin, of Briston, Pa., states in the *Medical and Surgical Reporter*, March 14th, that the actions of this drug are of three, following: As an antipyretic it is of great value. In repeated small doses it reduces temperature in some cases, there is a gentle perspiration, followed by quiet sleep. The analgesia action of the drug is of the utmost value. During attacks of pain there seems to be marked tolerance for the drug. There is no danger of the person becoming addicted to it. The antiseptic action is of a pronounced type. It must be reduced to very fine powder and dusted on the wound. It displaces iodiform for two reasons: It is free from smell, and is more powerful as an antiseptics It is also cheap. Under it granulation is rapid and union goes on promptly.

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STATE RESTRICTION OF TUBERCULOSIS.—Dr. John L. Heffron, of Syracuse, in *Phila. Medical News*, for 15th February, contends that consumption should be regarded as an infectious disease. It is now fourteen years since Koch gave out his discovery of the bacillus tuberculosis. It has now been settled beyond dispute that a person may now become infected with tuberculosis by inhaling the bacilli, by using tubercular food, or through a wound. The dust in churches, schoolhouses, and houses where consumptives have lived is often found to contain many bacilli. Consumptives are allowed to travel where they please for their health, by train, boat, etc., without restriction or precaution. They put up at hotels, they stay with friends, and crowd health resorts, until the roadways are slippery with their expectoration. All this, the writer thinks is highly dangerous. All consumptive cases should be registered and properly instructed. When these instructions will not or cannot be followed, the State should forcibly isolate in the interests of others.

NEURASTHENIA.—J. R. Barbour, in the *American Practitioner* and *News*, contributes an article on Neurasthenia. He maintains that this disease is due to a toxæmia—a variety of poisons—sometimes bacterial, sometimes lithæmic, but most often the result of an auto-intoxication of the nervous system by its own excreta. Most remedies usually given do harm rather than good. The bromides are contra-indicated; iron is badly borne, as it upsets the stomach, constipates the bowels, and increases headache and backache; strychnine increases the spinal congestion, the seminal losses and the general irritability; alcohol, coca and kola diminish oxidation, like tea, coffee and tobacco; and nearly all remedies increase the nervous dyspepsia. The writer calls attention to diet, exercise, hydrotherapy, massage and electricity as the main factors to be relied upon in its successful treatment.

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SALINE SOLUTIONS SUBCUTANEOUSLY IN SHOCK AND HÆMORRHAGE.—Dr. George H. Rohe, in *Inter. Jour. of Surg.* for March, claims that the subcutaneous infusion of the physiological saline solution is of the utmost value in cases of collapse from shock or hæmorrhage. The solution he uses is common salt in water of the strength 0.7 per cent. This should be given at a temperature of 105°, F., to 108°, F., according to the degree of collapse. It is not necessary to inject into the veins or arteries. Indeed, he contends that these methods are irrational and dangerous. The solution should simply be injected beneath the skin. A pint or more of the fluid may be readily injected. All solutions and instruments must be thoroughly sterilized. The most convenient instruments are a stomach tube and a medium-sized aspirator needle. The author recommends a solution—a saline solution of the above strength, with the whites of two eggs to the pint. This mixture has given him uniformly good results.

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PHLEGMASIA ALBA DOLENS.—Dr. Joseph H. Raymond, in *Brooklyn Medical Journal* for March, states that this disease is of an infectious nature. The streptococcus is the organism that gives rise to the trouble, but that a suitable soil is required. In some cases, in spite of every care, the patient may have phlegmasia. In others, it comes on almost without febrile disturbance. In some instances there may be several cases in the same family. The treatment should be absolute rest and the free use of suitable nourishment and food. The patient should lie on the back, with the leg slightly elevated on a soft cushion. There should be no rubbing or friction of the inflamed leg. Intra-uterine disinfection makes these cases worse; yet the author at

this risk thoroughly cleanses the uterine cavity once. This will correct chronic fever in sapræmic cases. The nourishment should be milk and beef juice, predigested, if necessary. Whiskey should be given freely when stimulants are required. Digitalis for the rapid pulse. The patient is kept in bed for ten days after all symptoms have disappeared.

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EXOPHTHALMIC GOITRE.—Dr. R. C. M. Page, of New York, in *New York Polyclinic* for 15th February, has an article on this disease. He states that it was first described by Flajani in 1802. It has been called Graves' disease, Basedow's disease, cardiothyroid exophthalmos. It is not endemic, like bronchocele or simple goitre. It is found world-wide. Heredity appears to have little or no bearing on the disease. Its onset is frequently traced to some violent emotion or fright. The disease, to be complete, should have the symptoms: palpitation, enlarged thyroid gland, and protrusion of the eye-balls. But any one or more of these symptoms may be absent. The middle cervical ganglia of the sympathetic is given as the seat of the disease. These ganglia send nerves to the bottom of the orbit, the thyroid gland, and the heart. The coronary arteries become dilated, and the heart receives more nourishment than usual, and there is palpitation and enlargemeut. This enlargement is due to the palpitation and the extra blood supply. The palpitation is usually the first symptom. After some violent mental emotion or shock the heart-beat goes up from 70 to 120 or 150. At this stage the disease may be arrested, and no other symptoms appear. After a time, in most cases, the thyroid gland begins to enlarge. This may be evenly on both sides, or on one side. The vessels in the neck pulsate forcibly. This is due to their dilatation from vaso-motor disturbance. The increase in size of the gland is due to the dilated vessels and infiltration of the gland tissue. Lastly, the eyes bulge forward. This may come on very suddenly, or gradually. It may occur in a few hours. This protrusion is due, in most cases, to increase of fat in the orbit and dilatation of the vessels. This dilatation may be so great as to prevent closure of the eyelids. There is a spasm of the levator muscle, and for this reason the upper eyelid does not follow the eye in looking downward. The symptoms of anæmia usually are present, as shown by pallor, hæmic murmur. The prognosis is now much more favorable than formerly. More cases recover than die. In the worst cases, death comes on after many years, from exhaustion, anæmia, malnutrition. Now, as to treatment. Ergot in any form the author has never found of any service. Electricity the author equally discards as a waste of time. Strophanthus is branded also as quite useless. It may be employed

sometimes, when digitalis cannot be borne by the stomach, but it has no influence over the disease. Thyroid extract is another useless substance. Meat-juice, milk, and beef-tea are better. For the control of the heart no drug yields such good results as digitalis. If the heart beats with great violence, veratrum may be ordered. But digitalis alone acts with any permanently good effects. Then the remedy that the author relies upon for the cure of the disease is potassium iodide. This goes to the very root of the disease. This aids in the absorption of superabundant tissue, the enlarged gland, the fat in the orbit, lessens the vaso-motor disturbance, and slows the heart. The anæmia may be treated with arsenic or Blaud's pills. The arsenic acts also as an alterative, and assists the iodide. The general regulation of the diet, bowels, and hygiene of the patient must be looked to.

* * *

Treatment of Convulsions in Children.—Dr. B. Sachs, of New York, in *N. Y. Polyclinic*, for 15th February, remarks that convulsions in children may be due to a number of different causes, as gastro-intestinal trouble, the onset of some acute disease, or the first symptom of acute cerebral or spinal diseases. Apart from the disease that may be coming on, the convulsion in itself is a danger to the child. One of the main duties of the physician is to stay with the patient until the remedies employed have acted. The first and most important remedy is the administration of chloroform. This should be given so as to control the convulsions. It should then be omitted, and on the first indications of a return, it should be again resorted to. In some cases, nitrite of amyl may be given along with the chloroform. This dilates the vessels. When the convulsions have ceased, the bowels should be thoroughly evacuated. The author favors controlling the convulsions before giving the enema, unless the convulsions are the result of acute poisoning. The child is then put to bed, and bromide and chloral ordered in fair doses, according to the age of the patient. If the stomach be very irritable, these should be given per rectum. If the cortical irritability is very pronounced and the danger of frequent recurrent attacks is imminent, it is a good plan during the first few days to give hypodermic injections of morphine. It should not be continued long, as it constipates the bowels. The stomach and bowels must be kept in a good condition. Doses of calomel or castor oil often is of much service after the convulsions have been arrested. In convulsions due to malaria, often primarily controlling the attack, the remedy to be given is quinine. This must be pushed to cure the malaria. The convulsions that occur at the time of dentition, is best treated as above indicated. The gums may be lanced. This can do no harm, but it rarely does any good.

Book Notices.

Consumption, Its Nature, Causes and Prevention, With an Outline of Treatment, for all Classes of Readers. By EDWARD PLAYTER, M.D., of Ottawa. Toronto: William Briggs; Montreal: C. W. Coates; Halifax: S. F. Huestis. 1895.

We have before us a book of 340 pages by a Canadian physician. All must agree that the subject is an important one. The author states that "probably one-fifth or more of all the deaths of the human race is due to the 'great white plague.'" The work is divided into: (1) Nature and Causes of Consumption; (2) Prevention of Consumption; (3) Treatment of Consumption. The first two are discussed at length; the third section has only a few pages of general principles and rules. On the questions of causation and prevention, the author gives the views generally accepted regarding the disease. The treatment is intended for the lay reader mainly, and contains nothing as to the most recent methods, either by drugs or injections. There is much in the book to interest and instruct the general reader. The publisher has performed his share of the work very well. We hope the book may have a good sale.

HYPERIDROSIS.—In the treatment of various forms of hyperidrosis, L. Heusner has successfully employed the following mixture:—

℞ Balsam Peru ..... 1 grm.
Formic Acid ..... 5 grms.
Chloral Hydrate ..... 5 grms.
Alcohol ..... 100 grms.

—*American Medico-Surgical Bulletin.*

* * *

CORYZA.—According to Dr. R. Vuensche, of Dresden, the following formula can be recommended:

℞ Ichthyol ..... 1 part.
Ether .....
Alcohol .....āā 1 part.
Distilled water ..... 97 parts.

M. Sig.: To be sprayed into the nose.—*Le Progres Medical.*

Selections.

INFLUENCE OF HIGH ALTITUDES ON THE BLOOD.—Drs. Gebhard, Fraenkel, and Grawitz have shown that there is a notable increase in the proportion of the number of corpuscles in the blood in persons who go from a low to a high altitude. This increase takes place in from twenty-four to thirty-six hours. It is possible that this fact may be one of the reasons for the beneficial effects of high altitude in cases of pulmonary tuberculosis. The increase in the red corpuscles is attributed to the desiccating effects of a high atmosphere.—*Modern Medicine.*

* * *

"BLOOD PURIFIERS," "NERVE TONICS" AND ALCOHOL.—The following so-called "blood purifiers," "nerve tonics," and other remedies of similar character were recently examined by the Chemist of the Massachusetts State Board of Health, with reference to the amount of alcohol contained in them:

	Percentage of Alcohol by Vol.
Ayer's Sarsaparilla	26.2
Thayer's Compound Extract of Sarsaparilla	21.5
Paine's Celery Compound	21.0
Hood's Sarsaparilla	18.8
Greene's Nervura	17.2
Allen's Sarsaparilla	13.5
Dana's Sarsaparilla	13.5
Brown's Sarsaparilla	13.5
Corbett's Shaker Sarsaparilla	8.8
Radway's Resolvent	7.9

These are all vaunted remedies for "that tired feeling,"—*Boston Med. and Surg. Journal.*

* * *

PATHOGENESIS OF URÆMIA.—Ajello and Paraveandalo (*Lo Sperim,*) as the result of numerous experiments on animals, believe that uræmia is closely related to the presence or absence of an internal renal secretion. Just as other glands have internal secretions, so has the kidney. The authors found that animals, after unilateral nephrectomy and without any treatment, died in from eight days to eleven months with albuminuria and cachexia. On the other hand, animals, after unilateral nephrectomy, when inoculated with renal juice prepared after the method of Brown-Sequard and D'Arsonval (20 c.cm. injected daily in dogs, 10 c.cm. in rabbits), did not

present any albuminuria or cachexia, and lived in good health until killed for other experiments. After double nephrectomy, without treatment the animals died in four to forty-eight hours; if treated with renal juice they lived from forty-eight hours to four days and more. The implantation of kidneys, whether subcutaneously or in the peritoneal cavity, gave negative results.—*British Medical Journal.*

Miscellaneous.

I will not, however, for a moment refuse to recognize the importance of Röentgen's discovery to surgery, as well as to other arts and science. It is a welcome addition to the surgeon's means of diagnosis, but Esmarch's bandage and antiseptics are greater achievements still.—Von Bergmann.

* * *

Wanted to Levy on the Baby.—A colored midwife called on a Gallatin, Tenn., physician recently, and said she had "stayed all night with a woman in labor, and the promised fee had not been paid." She wished to know if she had a legal right to take the baby away from its mother and keep it until the bill was forthcoming. The doctor admired her forethought, and thought the theory an ingenious one; but practically it would be a dangerous precedent, as such a custom might become a law, in which case every doctor's home would soon be an orphan asylum.

* * *

A. B. Griffiths, Ph.D., F.R.S. (Edin.), F.C.S., says: "I have made an examination of Stearns' Wine of Cod Liver Oil with Peptonate of Iron. It is an excellent preparation and contains the leucomaines, alkaloids or active principles of Cod Liver Oil with Peptonate of Iron. The alkaloids of Cod Liver Oil were first isolated by my friend Professor Armand Gautier, of Paris; and they are not products of decomposition, as some writers (who know very little about the animal alkaloids) assert, but occur in the fresh liver of the cod, being produced by living cells—in other words, they are true leucomaines. There is no doubt that the alkaloids of Cod Liver Oil are the active principles, as the percentages of iodine and bromine present in the oil are extremely small, and some oils, especially those that are light-colored, contain none of these elements. At most there is but 0.000322 per cent. of iodine present, a quantity which is too small to be of practical benefit. The same may be said of the bromine.

We would call the attention of our readers to the advertisement of Leeming, Miles & Co., to be found on page xv. of this number. They have been appointed sole agents for Canada for all the products of the New York Biological and Vaccinal Institute. This institution was the first to prepare diphtheria antitoxine on this continent, and claim to have the strongest made. The first cases of tetanus cured with antitoxine on this continent were treated with the tetanus antitoxine made at the New York Pasteur Institute. It is an institution which, for many years, has been devoted exclusively to the preparation of antitoxines and similar biological agents. They have an experimental station and farm of 200 acres, with over 100 head of cattle, horses, donkeys, pigs, dogs, sheep, etc., for the study and production of antitoxines.

* * *

A Colloquial Style in Medical Lectures.—An early event in the history of the *Lancet*, as we learn from a recent number, was a suit brought by the surgeon Abernethy, against the publishers, to restrain them from reporting his lectures. On learning that the suit was begun, the *Lancet* reporter began to be rather cruelly accurate in his reproduction of the lecturer's style, as is evidenced by the following passage: "If I am wrong I shall be very happy to have my errors pointed out and corrected. *I'll be hanged* if erysipelas is not always a result of a disordered state of the digestive organs. . . . *Egad*, it is a travelling disease, and, as I say, the parts are disposed to swell. . . . If it be seated in an unimportant part, *in the name of G——* let it go on there. . . . O, said the dresser, it is a case of erysipelas, and he only came in last week. *Good G——!* said I, is it possible? . . . Ho! he had *his jawing-tacks on board*, as a sailor would say." No wonder he objected to seeing himself in print!—*Boston Medical and Surgical Journal.*

* * *

An Odd Locum Tenens.—The following extract, says *La France Medicale*, is taken from the "Memoirs of Marshall Castellane:" "The Marchioness of Talarn is over fifty, but she believes it is absolutely necessary for the good of her health that she should have a man beside her at night. Whenever M. de Talarn is absent she consequently makes her people sew up M. de Courtivron, one of his relatives, or else M. de Chavagnac, one of his friends, in a sack, and has him put into her bed. In the morning she is careful to summon her attendants, or, at all events, the chambermaid, in order that they may testify that the sack has not been unsewn. At present MM. de Chavagnac and de Courtivron both happen to be away at Madrid, attached to the embassy of M. de Talarn, so it is M. Boirot, physician

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of the Neris hydropathic establishment, who for the moment occupies the post of honor. I can assure you that this is in no wise a jest. My secretary is connected with the doctor, who positively is shut up in the sack every night."—*Medical and Surgical Reporter.*

* * *

Bichromate of Potassium for Capillary Bronchitis.—I feel that I must sit down and write "right away," as they say. Yesterday I was called to visit a child 2 years old, suffering from acute capillary bronchitis. I won't attempt to describe other sounds indicative of disease; sufficient to say that all were drowned in the mucous rattle up and down the bronchial tubes, at every inspiration and expiration. The case was in extremis; the pulse above all calculation; the breathing mostly abdominal, and the body covered with a cold sweat. What could be more disheartening? The usual remedies administered were of no avail, and death was expected and would have been welcomed as a relief to the sufferings of the little child. At 7 p.m. I visited it again—no improvement. I recollected reading of a case reported in your journal of an exactly similar character—unfortunately I forget the name of the reporter (but many thanks to him, whoever he is)—which was cured by giving small doses of bichromate of potassium. One grain of the salt was well rubbed up with 9 grains of sugar of milk, was placed in a glass with 20 teaspoonfuls of boiling water. A teaspoonful was given every ten minutes till the symptoms improved. I followed up this practice myself for three hours; vomiting of a red liquid took place; the bowels moved quite sharply, both of which excretions smelled very badly. About 10 p.m. the respirations became less frequent, and the abdominal breathing less marked. The symptoms from this time gradually improved, sleep supervened and gradual warmth spread over the body. So most unexpectedly the dreadful capillary bronchitis, (so fatal generally) was changed to an ordinary case of bronchitis, and went on to recovery. What was the therapeutic effect of this salt on the disease in question? Like the salts of potassium generally, did it act by liquefying the obstinate and tenacious mucous that was threatening instant suffocation, or was there a microbe in the case, that found its master? However, the recovery was a surprise to all, myself included; but let my readers understand that, if they have a similar case, they must superintend themselves, as I did, if they expect similar results.—Henry B. Evans, M.D., of Picton, Ont., in *Medical World.*

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¾ oz. Sanmetto.
¼ oz. glycerine.

To be used as a spray three times daily through an atomizer, and to take internally Sanmetto in teaspoonful doses four times a day.

* * *

S. H. KENNEDY'S WHITE OAK BARK, Q. ALBA.—S. H. Kennedy, whose name is familiar to the medical profession as the manufacturer of "Pinus Canadensis," now manufactured and sold by the Rio Chemical Co., of St. Louis, is inviting the attention of doctors to a new preparation called "Concentrated Extract of White Oak Bark, Q. Alba." For this he claims a greater degree of excellence than he did for "Pinus Canadensis," and backs this opinion by no less an authority than that of Dr. J. Marion Sims, who wrote him the following unequivocal letter of endorsement: "New York, Aug. 12, 1871. Mr. S. H. Kennedy, Johnstown, N.Y. My Dear Sir,—Replying to your favor of the 5th, regarding the use I made with the 'White Oak Extract, Q. Alba,' will say: After using it to my entire satisfaction, I gave it to one of my professional brethren, and asked him to use it and give me the benefit of his opinion of it as a medicinal. He has done so, and agrees with me that it is the article you should have introduced to the medical profession in the place of the 'Hemlock Extract, Pinus Canadensis.' It is superior as a medicinal. 'White Oak Tannin' in powder form is well known to the profession, but in this form of Concentrated Extract it is more effective and convenient for use. I make this suggestion now, and, if your business interests will permit, I advise you to substitute the 'White Oak, Q. Alba,' in place of the 'Hemlock, Pinus Canadensis,' for if some enterprising chemist should find out your process for making the 'Oak Extract, Q. Alba,' he would be a formidable competitor, and would embarrass your efforts in securing the physicians' confidence in the 'Pinus Canadensis.' I bespeak for this new 'Oak Extract, Q. Alba,' a cordial reception by the profession. Yours very truly, J. MARION SIMS, M.D." We hope our readers will make an early test of "White Oak Bark, Q. Alba." For information as to securing this valuable astringent see new advertisement on page 2.

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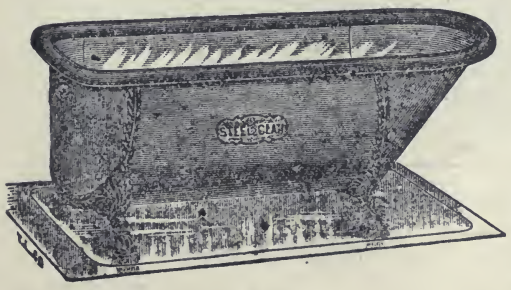

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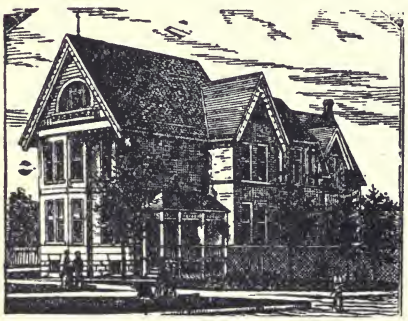

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Original Communications.

Hereditary Syphilis.*

BY ALLEN BAINES, M.D., ETC.,
Associate Professor Clinical Medicine and Pediatrics, Trinity Medical College, Toronto.

HEREDITARY and congenital syphilis is so frequently seen by every general practitioner in large centres as to offer anything but an interesting subject for discussion as a rule. However, the case which I present to you to-night, I feel certain, is not at all common, though all authorities tell us it is not rare. I mean by this that it is the first case I have had in my own practice in which the visceral lesions have stood out so pre-eminently as to make the case, to me at least, of great interest.

The following history I received from the boy's mother—a well-educated woman, sensible and sharp, and most willing to tell all and everything which might be of any value in the history of the case. The boy's father contracted syphilis ten years ago, was under medical treatment for four years when he died from pneumonia, possibly specific. His condition she describes during that time as dreadful,

* Read at meeting of Toronto Clinical Society.

being a mass of sores over different parts of the body, especially about the groins and privates, his throat also being much ulcerated. She is perfectly certain that she had no sign of the disease at that time or ever afterwards. Nine years ago she became pregnant, this boy being the result. The boy's history she gives as follows: Willie W., aged eight years and four months, when born seemed a strong healthy child, but at six weeks developed snuffles. Her medical attendant commenced treatment at once, but the little chap wasted, and for some months seemed to have but slight chance of surviving. Sores and crusts developed at the openings of the nostrils, and a continuous nasty discharge came from the nose, also a sore showed itself at the angle of the mouth. When about a year old he seemed to be all right again and began to grow fairly well; all this time he was under treatment. The boy, however, was always puny in comparison with her other children who were older. He received no treatment from three years of age until brought to my out-patient clinic at the Toronto General Hospital about a month ago. On examination I found his condition as follows: Patient pale, anæmic and puny. On stripping him I noticed the abdomen protuberant, and on percussion and palpation found the liver and spleen enormously enlarged, the liver being hard and elastic, with several marked nodules and notches at its lower anterior border; the organ seemed quite three times its normal size. The spleen also was found enlarged in about the same ratio, descending in the abdominal cavity nearly as low as the line of the umbilicus. I had the boy sent to the Sick Children's Hospital at once, and on more careful examination found a periosteal node on the left tibia; also noticed the sunken and separated nasal bones, notched and decayed teeth. A slight erythema on the forehead of a shiny, dry, specific appearance is also to be noticed. The anæmic appearance would naturally make one infer that white blood-corpuscles would have been in excess, but two separate examinations with different hæmacytometers made the result show but slight increase beyond normal. A careful examination of the heart reveals a slight hæmic murmur over the pulmonary area. Regarding his general well-being he does not complain in any way; eats and sleeps well, has no pain, and says he simply does not care to play as the little patients push him over easily, and that he is short of breath if he runs.

The Liver.—Regarding the pathological changes that take place, Gubler, forty years ago, gave a description which is still used in all articles on this subject. The organ is always found much enlarged. The tissue is hard and elastic, and thickening as in the adult will be

found about the capsule of Glisson, and this thickening is found in the continuity of the ramifications throughout the organ. The substance is so hard and elastic that a piece of it thrown on the floor will absolutely rebound as if it were rubber. Its color is yellow, and almost as transparent as opaque glass. Little granules which he compares to wheat will be found dotted here and there throughout the parenchyma. In the small prismatic spaces formed by the hepatic acini agglomerating together will be found round lymph cells collected into small lobules, these being microscopic gummata. In older children the gummata, similar to those in adults, are found.

Hepatic Syphilis.—Dr. Chaufford, in a recent clinic on the above subject, gave a very clear idea of the important differences that exist between this disease in children and in adults. He said: "It has been often said that infantile pathology did not constitute a clearly defined specialty, and while it may be true that a certain number of diseases have points in common, both in adults and infants, still a very large number of maladies are entirely different in infants, and have special and separate characters distinct from the same trouble in adults. Syphilis of the liver is one of these, and the principal differences may be classed under two heads: 1. The difference in etiology; 2. The pathogenic. As to the first, liver syphilis is in the adult an acquired disease. It is true that an infant may get syphilis, but if it should do so it would not go to the liver, so that it may be said that, in the child, hepatic syphilis is always hereditary. Next as to the pathogenic differences, an adult gets his hepatic syphilis, just as he would cerebral or any other syphilis, and that is to say that the syphilitic germs attack by the liver or any other viscera, by the arterial route. It is, in fact, a processus endo-arteritis, and the disease is propagated or carried by the hepatic artery in this case."

Now it is entirely different in the infant. If you will call to mind your anatomy of the fœtal circulation, you will remember that the mother's blood comes by the umbilical vein directly into the liver, carrying from the placenta the nutritive principles furnished by the mother, and, most likely, with them the germs of the disease. This is why hepatic syphilis in the infant is so diffused and massive in its character. It is not at all the same in the adult. He gives the following example: A woman who had entered with syphilis in her fourth month of pregnancy had been put under specific treatment at once, and when the baby was born it looked well; but after two months it was found to have an immense liver that was hard and painful. Mercurial inunctions of three grammes a day were given, and the child took by the skin three hundred grammes of mercurial

ointment, or one hundred and fifty grammes of metallic mercury in three months. This proves the wonderful tolerance that children have for this drug, as it neither got stomatitis nor eczema during the treatment. When born it weighed three thousand grammes (six French pounds), and six months afterwards it weighed 6,500 grammes, so that notwithstanding the treatment, it followed the well-known rule in healthy infants, which says that they should increase double their weight in six months. The pathological anatomy of hepatic syphilis in children and adults is also quite different. While in the child the liver is found so hard and elastic that it is called "silex liver," and it has very small gummata diffused all over its surface, making these lesions quite uniform in character, in the adult the syphilitic liver is extremely "deformed, 'tied up,' it is called, and large, irregular, gummy tumors bulge out in its substance."

Spleen.—Parrot says the spleen is, after the bony system, the part most frequently affected. Cornil says that it is always affected in hereditary syphilis. It is found that the capsule is inflamed and thickened, and the tissue is harder than normal. Dr. Gee found in half the cases of hereditary syphilis the spleen would be found enlarged during life. In about a quarter of the cases the enlargement was great, and that these cases usually die. In fact, the degree of splenic enlargement may be taken as an index of the severity of the cachexia. However, he adds that in many cases where the other hypertrophies abate, the spleen remains enlarged for a great length of time.

Pancreas.—In 1875 Birch Hirschfield drew attention to the fact that the pancreas was in many cases also affected, finding no less than thirteen out of twenty-three cases where bone lesions were present, lesions of this organ, the alteration being in the great increase of the connective tissue, being in fact a similar pathological alteration to that found in other organs. It is beyond the province of this imperfect report to go into any detail of other organs or description given by well-known syphilologists, but might add that the changes found in other organs, thymus, heart, kidneys, testicles, lungs, etc., are of a somewhat similar character. Henoch says, regarding the bone lesions, that in the very young they are generally found to exist in the cartilages joining the epiphysis to the shaft; therefore the lesion is that of an osteochondritis, whilst in older children, as in this case, the tumor is found after the junction of the epiphysis and diaphysis at the distal end of the long bones, being therefore an osteoperiostitis.

Teeth.—This boy does not show the peg teeth of Hutchinson, but does show markedly the early decay beginning in the permanent

teeth already erupted, and the rotting out, as it were, of the milk teeth, leaving black stumps instead of falling out, as we find in a healthy child.

Treatment.—There is nothing new to suggest, mercury in some form being still the sheet anchor in this dread disease. Eustace Smith gives grey powder, with the addition of carb. pot., to prevent derangement of bowels and stomach; Jacobi, calomel, with addition of a small quantity of Dover's powder, if productive of diarrhœa. Keyes prefers minute doses of hg. bichl. Holt and many others pin their faith to pot. iodide, and find children bear it well; Bumstead and Taylor, a combination of both drugs. Monti highly extols the iodide of iron, baths of various mercurial vapors, inunctions of all sorts, which method is more generally adopted than any other. Chaufford recommends in these cases, especially where the liver and spleen are affected greatly, a prolonged treatment of mercurial ointment in does of at least 2 to 3 grammes a day, with .25 to .50 pot. iodide, and continue without interruption for months. In adults more care must be taken with larger doses (5 to 6 grammes of ointment, with 4 to 5 pot. iodide), but the mouth must be watched for the symptoms of stomatitis, which is rare in infants and young children. According to Post the use of cod-liver oil is of no real use. Fournier, in *Monthly Review of Diseases of Children*, March, 1889, recommends the following procedure in regard to inunction. For adults 4 grammes is an average quantity of hg. ung., to be rubbed in daily, and this may be increased after a few days to 6 or 8 grammes. In children who have not yet reached the period of dentition, 1 or 2 grammes, or even more, may be readily tolerated. In severe cases in children the quantity used may be quite large, especially in conjunction with sulphur waters. The best time to use the inunction is at bed-time, and but one inunction should be used daily. As to location Fournier prefers the section below the axilla. The scrotum, groin, axilla and hairy regions should be avoided, as absorption takes place too readily in such localities. The location for the inunction should be changed from one side to the other every day, and each operation should continue for fifteen minutes. The part which has been treated should be covered with a layer of cotton wool and rubber protective for six or eight hours, and the skin should be well washed with soap and water the following morning. Two baths in starch and water should be taken twice a week, and the treatment should continue for four weeks. A good plan for children is to use the inunction for three days, rest three days, and so on. The treatment should be begun as soon as possible after birth, if the diagnosis of syphilis is clear. In children

who are born in apparently good health, but with a suspicious history, if the father alone is syphilitic, this treatment is not indicated. If the mother had syphilis a long time previous to her pregnancy, treatment is also not indicated. If the mother has had syphilis recently, and especially if there were evidences of it during her pregnancy, energetic treatment of the infant should be begun as soon as possible after birth.

Pylorectomy for Cancer.—Dr. A. H. Ferguson, of Chicago, in *Internat. Journ. Surg.*, claims that this operation should be performed for cancer of the pylorus. The operation should be performed early in the disease, and every effort made to avoid undue shock to the patient. When performed early, before adhesions are formed, there is the chance of a possible cure. By means of the Murphy button the time needed for the operation can be greatly shortened and the risk of shock lessened. Lose no time in introducing interlocking sutures, but apply forceps after forceps. Then cut the mass away. When this is done the application of the ligatures can be executed more expeditiously.

* * *

The Treatment of Syphilis of the Nervous System.—Dr. B. Sachs, of New York, in *Langsdale's Lancet*, March, 1896, claims that the remedies are still the iodides and mercury. In the early and inflammatory stages of the affection, in occular palsies, in the early days of syphilitic hemiplegia, in cerebral gummata, and gummatous infiltration in the cord, the mercury should be employed. Where there is an inflammation to be checked, or an exuded mass to be absorbed, use mercury; after this has been done use the iodides, and continue as long as the symptoms indicate. Never use the mixed treatment—the iodides and mercurials should not be given at the same time. The former prevents the free use of the latter. The effect of the mercury upon the gums proves nothing as to the constitutional action of the drug. Salivation usually depends upon the condition of the gastro-intestinal tract. In treating syphilis of the nervous system, practise inunctions only. A full drachm of unguentum hydrargyri must be rubbed in daily by an experienced hand for twenty or thirty days. Each rubbing should take at least forty minutes. Given by the mouth you may get salivation very easily, and there is not enough of the remedy absorbed into the system to act upon the disease. After, say, thirty inunctions the treatment may be postponed for a short time, and resumed if necessary.

Society Reports.

The Trinity Alumni Association.

THIS Association must be congratulated on the success of its fourth annual meeting which was held on the 7th of April in Convocation Hall, Trinity University. Dr. STARK, Vice-President, occupied the chair in the absence of the President, Dr. A. McKAY, M.P.P., of Ingersoll.

Roentgen Rays.—After the routine of opening, Drs. N. A. POWELL and J. McMASTER, assisted by Mr. J. McCLENNAN, of Toronto University, gave a demonstration of shadowgraphy by the Roentgen rays. The physical characteristic of the rays and their production was explained by Dr. McMASTER, whilst Dr. POWELL entered into a discussion of their use from a surgical standpoint.

Appendicitis.—Dr. TESKEY then read a paper on Appendicitis. He reported two cases in which he had operated after abscesses had formed. He maintained that in opening these abscesses it was better not to traverse the peritoneum, if possible. But if one had to do so, it was wise to make pressure on the abdominal wall above while the pus was escaping. This pressure from within outward tended to preserve the peritoneum from infection. Even if the peritoneum were exposed for this short time to the influence of pyogenic and other organisms, he thought little damage would be done. It was where the abscess had already burst into the cavity, and the germs had already taken lodgment in the mouths of the lymphatics of the peritoneum that made the case dangerous; for this condition would be little relieved by irrigation. The Doctor called attention to the fact that in certain cases it was wise to deviate from the rule of operating over the point of greatest tenderness and pressure. He discussed at some length the virtue of the incision of the oblique muscles made to correspond with the line of the fibres, and advocated, in stitching up, the use of the mattress suture as the best method of securing a sound wall, and one proof against hernial formations afterwards. He also warned medical men against placing too great reliance on the existence of McBurney's point. It was absent in each of these cases, the tenderness of one being in the region of the kidney, simulating renal disease, and the other in the region of the bladder, which, with the frequent micturition, led the attending physician to suspect disease of that viscus.

Dr. GRASETT thought the importance of McBurney's point ought not to be minimized. The difficult point in these cases was not usually the diagnosis, but, when to operate.

Dr. BINGHAM, in referring to the time in which operation should be done, said that he advocated, not the immediate removal of the appendix as soon as diagnosis was made, nor the conservative plan of waiting for the formation of abscess, but rather to take the intermediate course, and have the patient watched constantly and closely, so that when the first symptoms pointing to operation presented themselves, reports should be made to the surgeon. These symptoms were referable to the pulse, temperature and the patient's general condition, which the Doctor discussed at some length.

Dr. MERRICK said that his practice agreed with that of the essayist in leaving the appendix after opening the abscess if it could not be readily reached.

Dr. CARSTENS, of Detroit, favored operation in every case as soon as the diagnosis was made. It had always made him feel sorry when he remembered the number of cases he had lost through his conservatism.

Broncho-Pneumonia.—Dr. GOLDSMITH read a paper on Broncho-Pneumonia. The Doctor said this disease occurred most often in the very young and in the aged. It was a sequel of influenza, whooping-cough and other diseases. It often followed a mild attack of bronchitis. When the patient became asthenic in such diseases as erysipelas, meningitis, typhoid fever, etc., the inhalation form of the disease occurred. He called attention to the pathology of the condition. He had found the best form of external treatment consisted of applications of poultices, sprinkled with mustard so as to keep the skin reddened, snugly and constantly applied. A favorite combination of remedies he had found to be wine of ipecac., benzoate of soda, citrate of potash, aromatic spirits of ammonia and some simple elixir, administered every three hours. If the case was a sthenic one he was in the habit of ordering a few doses of aconite with spirits mindererus. Stimulants, such as strychnine, brandy and quinine, might be called for. Milk diet was indicated where it agreed. Egg albumen, with a little sugar and water and brandy, was good. If the tongue was coated, small doses of calomel should be given. To reduce the temperature, sponging, change of position, and lessening of the amount of covering on the little patient would be useful. He deprecated the common practice of smothering the children suffering from this disease by heaping blankets upon them.

Dr. DAVIDSON preferred whiskey to brandy as a stimulant; and

codeine to morphia as a sedative. For the diarrhœa, 5 to 10 drop doses of liquor hydrarg. perchlor. As an application to the chest in cases of non-resolution, he liked ung-hydrarg. iodide rub. of the B. P.

Exploratory Incision in Abdominal Surgery; its Indications and Technique.—Dr. Carstens said that it took a long time to educate the profession to the value of operating in abdominal cases. Its great success was due to the antiseptic methods of operating. In all obscure cases of abdominal disease where diagnosis could not otherwise be made, exploratory incision was justifiable. He would operate in every case of appendicitis. The Doctor related several interesting cases where he had operated for diagnostic purposes, and in which he had found that he was able to give relief at the same time. He also related the history of other cases he had formerly seen where he had not operated, and where *post-mortem* examination taught him that he should have done so. The incision should be made where the trouble was located. Other things being equal, he chose the median line. There would be less hæmorrhage, and there was a better chance of union.

Drs. TEMPLE, TESKEY and Sir WILLIAM HINGSTON discussed this paper.

Progress of Surgery.—Sir WILLIAM HINGSTON then made a few remarks on the Progress of Surgery. Surgery had grown from an art to a science. Wonderful strides had been made in regard to the treatment of cerebral lesions. The practice now in regard to the treatment of epithelioma of the face had changed. His plan was to leave them alone. If the disease occurred in the tongue, the whole tongue should be removed or left alone. In empyæma he recommended the removal of a portion of the rib. In calculus of the bladder the lateral incision was the best for most cases.

An excellent banquet was given in the evening.

NERVOUS ŒDEMA.—Fedorovsky (*Vratch*, No. 26, 1895) relates the case of a soldier who was injured severely, and after a period of unconsciousness found in addition to a paralysis that there was a unilateral œdema of the face. Since this time the patient has had frequent headaches and œdema of the cheek and eyelid, all upon the left side. The œdema can be brought on by energetic bodily movements, rapid walking, etc., and lasts two days. There is a slight exaggeration of reflexes, and there are no stigmata of hysteria. The author attributes the condition to a neurosis of traumatic origin which has provoked a special excitability of the vasomotor nerves of the face. —*Medical Record.*

Toronto Medical Society.

The regular meeting was held, April 3rd, 1896, PRESIDENT OLDRIGHT in the chair.

Cholecystduodenostomy.—By Dr. WINNETT.—The patient was a woman, aged 39, the mother of four children. For fifteen months she had suffered from cholelithiasis with reflex disturbances of digestion, but no jaundice; there was tenderness over the gall-bladder, but no enlargement. The diagnosis was calculus in the cystic duct. Salicylate of soda and other remedies were given internally without relief. In the early part of March, 1895, surgical interference was deemed necessary. On the 29th of that month, assisted by Dr. Sweetnam, he made an incision in the upper part of the linea semilunearis. The omentum and duodenum presented at the wound. A gall-stone twice the size of a pea was found in the cystic duct. An attempt was made to press it into the bladder which failed. Anastomosis between the gall-bladder and the duodenum was decided upon. Murphy's compression forceps were found unsatisfactory as they repeatedly slipped off. A large flat sponge was placed in front of the kidney. One-half the button was inserted into the bowel, and the other into the gall-bladder. Owing to the thickness of the latter stretching was difficult, so the usual incision, two-thirds of the diameter of the button, required to be extended; this was drawn together by a suture, and made to include the running thread. Considerable pressure was used in bringing the button together. Before the operation was completed the patient coughed, causing the bile to well up into the wound. Greater pressure was used, and the button clicked twice. A drainage tube was inserted, and the abdominal incision stitched up. A good recovery was made, the only troublesome symptom being tympanitis, which was relieved by the use of the rectal tube.

In November, 1895, Murphy had reported fifty-one cases of this operation for cholelithiasis, with two deaths; one from hæmorrhage of the liver, the result of separating adhesions, and the other of septic peritonitis, owing to the septic contents of the gall-bladder escaping. As in other branches of surgery a much greater portion of successful cases found their way into the medical literature than the failures. Under the old method the mortality was 35 per cent.

Some of the indications for operations were: permanent obstruction of the cystic duct or marked reflex disturbances, obstruction of the common duct, fistula of the gall-bladder if the patient is becoming emaciated, and to drain the bladder of accumulations of matter.

Dr. HOLFORD WALKER thought in any cases where the symptoms were persistent, no harm could be done by making an exploratory incision.

An Eczematous Rash.—Dr. MCPHEDRAN presented a patient, fifty-two years of age, a laborer. Patient had always been fairly healthy, but never very robust. His integument was delicate. The present condition appeared three years ago, disappeared in the summer, recurring in the winter. It consists of a papular rash. It commenced by an itching sensation which begins at the calves and extends upward over the body. The irritability was very much worse at night. The eczematous condition was probably due to the scratching. The Doctor called attention to the differential diagnosis.

Dr. CARVETH said that last winter he had a patient with exactly the same trouble, which he thought was scabies. Under treatment with sulphur ointment the case did well. This winter the condition returned, but the sulphur treatment was ineffectual, which made him think the case was not scabies.

Dr. GREIG called attention to a case which he had seen in London similar to this, in which the rash did not disappear in the summer. The treatment consisted of applications of sulphur. He asked information as to the etiology of these cases.

Dr. SCADDING asked how camphor would do in such a case.

Dr. BROWN related the history of a case he had under observation. The woman, aged 25, had suffered from the condition for five successive winters. This winter it was very much worse, probably due to the fact that the patient was pregnant. There was no eruption on the hands, face, or flexures of the limbs. The treatment consisted of warm baths, diuretics, and the application externally of tar and carbolic acid. This was helping the patient.

Dr. MCPHEDRAN said he was not able to say much as to the etiology of these cases. It was probably due to inaction of the glands of the skin. The treatment consisted in giving warm baths, followed by the application of carbolic acid ointment. He thought probably the most effectual means was the injection of pilocarpine. He thought camphor would irritate the skin too much.

The Treatment of Eclampsis Toxæmia of Pregnancy and Eclampsia.—Dr. A. H. WRIGHT stated that we had used the word albuminuria in connection with pregnancy too long. It was simply one of a number of symptoms produced by a poisonous condition of the system. At the last meeting of the American Association of Gynæcologists and Obstreticians, one of the members had advocated the termination of labor in all cases where albuminuria was present. He strongly

objected to this treatment; for it was a curable condition. Eclampsia was a symptom of the disease, not the disease itself, so that the term was by no means a correct one. It was the most striking symptom of a toxæmia which produced a very profound effect on certain organs of the system. We had been told that the causation was renal incompetency. During late years there have been some reasons to doubt whether this was the primal cause. Investigations had shown that the liver was perhaps the most important factor in producing this toxæmia, which was the cause and not the result of the kidney degeneration and the other serious conditions. It was well known that the liver renders inert many poisonous substances brought to it from the intestines through the portal vein. Hepatic incompetency allowed entrance into the blood of substances highly toxic. To these had been applied the name leucomaines, and were the result of defective oxidation of nitrogenous substances. These poisons seemed to act specially on the kidney and the nerve centres.

Often no kidney lesion was found up to the time of the nerve explosion. If the kidney was the cause of the trouble, the question arose, why did it not show some signs? The reason was, possibly, that the poison had not been circulating long enough, the kidneys not being attacked till later on. While it was important to observe the kidneys, which, no doubt, were always more or less affected, every symptom should be recognized. What should be done with a pregnant woman when we discover symptoms of toxæmia with or without albuminuria? If albuminuria was present it was a very serious danger-signal, and called for close attention and most judicious treatment. While it was difficult, particularly in country districts, to make the examination of the urine at regular intervals in cases of pregnancy, yet in every possible case it should be done. The essayist called attention to a case of his own where the only symptom of the toxic condition was a slight headache. Up to this time he had been looking for albuminuria; he had overlooked the importance of this slight nervous phenomena which had existed for three or four days before confinement, supposing it to be caused by indigestion. The woman had convulsions during the first stage of labor. Fortunately she recovered, but the essayist said he felt humiliated that he had not appreciated the importance of the symptom. Headache was a symptom of the disease which should put the physician on guard immediately. The essayist then called attention to the methods of treatment. Shapontier voiced the opinion of a great majority of physicians when he recommended, as soon as the slightest trace of albumen was found in the urine, that the patient should be placed on

an exclusive milk diet. It had appeared to him (the essayist) for some years that the value of the milk diet in this and in other conditions such as typhoid fever, had been greatly exaggerated. He agreed that it was an excellent food for pregnant women who had toxæmia ; it was probably the best food. But many people had a decided aversion to milk. His plan was to prescribe a modified milk diet which included milk, buttermilk, koumiss, mineral waters, plain water in abundance, white fish, rice, tapioca, lettuce, water-cress, and fruits such as oranges and bananas. He then called attention to the hygienic treatment of these cases, referring particularly to the value of warm water baths. As to medical treatment he placed the highest value on the use of Epsom salts. At a recent meeting of the Ontario Medical Association, Dr. Moore, of Rochester, had stated that dropsy caused by kidney disease was frequently cured and generally very much relieved by sulphate of magnesia. It was necessary that the treatment should be thorough and systematic. The patient should have four watery movements during the twenty-four hours. Two drams to half an ounce might be given. He did not like the use of elaterium and croton oil. A few small doses of calomel might sometimes be useful. He did not like the use of diuretics. Digitalis might be indicated in some cases, but the best of all diuretics was water. The acetate and bitartrate of potassium, with large quantities of water, was perhaps permissible in a few cases. He did not say that he was fond of them. Tonics were generally useful. Formerly the tincture of the chloride of iron was recommended in almost every text-book, and even in one of the latest text-books on the subject he had noted that the treatment of this condition was iron and a milk diet. He, however, thought the indiscriminate use of iron did more harm than good. It should never be given, of course, where the tongue was furred. Of the tonics he preferred strychnine, mineral acids and vegetable bitters. As to jaborandi and pilocarpine, he gave them an unqualified condemnation because they were so dangerous, and so frequently killed the patient. As to the treatment of eclampsia, the main points were, if pregnancy was not too far advanced, to stop the convulsions by other than operative interference, and to improve the general condition. If this means failed the uterus should be emptied as soon as possible. To treat the convulsions he recommended the administration of half a grain of morphia, repeated if necessary. This treatment had been criticised adversely, particularly in Great Britain. Bleeding was useful in certain cases. He referred to the use of chloroform and chloral, which were both very useful. He also recommended the use of a salt solution, 2 to 4 per cent. Its effect was to dilute the poison and rally the patient.

He had never used veratrum viride as he was not greatly impressed with its value.

Dr. BASCOM advocated blood-letting. He reported two recent cases of eclampsia, in which he had adopted this plan of treatment with beneficial results, recovery taking place.

Dr. SCADDING was not inclined to agree that the liver was the seat of defect in puerperal toxæmia. He considered the oxidation of the nitrogenous substances one of the chief functions of the liver. He was quite shocked at hearing Dr. Longyear proposing emptying the uterus in all cases of albuminuria. He would like to know something of the micro-organisms to which this condition had been attributed. His own idea was that the condition was possibly produced by the suppression of some specific secretion of the kidney which was necessary to maintain the blood in a proper condition. He called attention to the experiments of Tarnier and Lusk, where light was thrown on the prognosis by experiment. Certain graduated amounts of the blood of the patient were ejected into rabbits, the severity of the condition being indicated by the small doses rapidly killing.

Dr. ADAMS reported a case of eclampsia he had recently had. The patient had had ten convulsions. Although advised to bring on abortion—it was the seventh month—he refrained from doing so. Had administered morphia for the convulsions. Under treatment the amount of albumen had decreased from 60 to 10 per cent.

Dr. MACHELL thought no one could differ from the line of treatment Dr. Wright had laid down. A case he had had under observation would seem to negative the theory which referred the causation of eclampsia to hepatic disease. Albuminuria having been discovered, active eliminative treatment was carried on; calomel, being a good hepatic stimulant, was frequently used, as well as magnesium sulphate. Hot baths were also given, after which the patient perspired freely. In spite of all treatment the urine was still loaded with albumen; (no convulsions, however, occurred.) When one was called to a patient in actual convulsions who had not reached full time, the matter of the production of abortion would depend on the severity of the case. If the case was very severe, and the convulsions continued in spite of all other treatment, then labor should be induced, but if the convulsions responded to the treatment, it would be worse than folly to bring on labor. But if the attacks came on at full time, the sooner the patient was delivered the better, but delivery should be accomplished without violence. This would be done usually without much difficulty inside half an hour. He related the history of a case which he attended in which the os was

not dilated larger than a fifty-cent piece, in which he managed to deliver the child in twenty minutes.

Dr. Ross said that in certain cases in which the system was thoroughly vitiated with the poison, any form of treatment could not save the patient. It was natural for the uterus to abort in cases of eclampsia. But even if this natural indication followed, the gratifying results reported in the text-books would not always follow. Certain of these cases were accompanied by rupture of a cerebral vessel. Such cases obviously would not yield to the ordinary form of treatment.

Dr. Oldright was not sure whether the liver was much at fault in these cases. He had not seen any cases of puerpural eclampsia without albuminuria. In all cases where he had taken the precaution to examine the urine and treat albuminuria when present, the patient had escaped convulsions. There was one point in which he differed from Dr. Wright, that was in the use of diuretics. He had repeatedly found that after the administration of acetate of potash in fifteen to twenty grain doses every two hours until an effect was produced (if the patient's stomach could tolerate it), and after that four times a day, the albumen was very much diminished. The speaker presented a specimen of urine taken from a patient after treatment in which boiling produced no deposit of albumen. He also spoke of the beneficial use of baths.

Dr. Oakley thought that very often we interfere too much in these cases. The activity of the treatment sometimes, he believed, aggravated, instead of relieved, the condition.

Dr. J. C. O. Hastings was not sure that the production of abortion in cases of albuminuria was not more nearly right than was generally believed. He thought the first indication was the appearance of retinitis. He advocated the saving of the mother's life by timely interference. It was easier to make an infant than a mother. Another point of justification of early interference in these cases was that its termination conserved the mother from permanent Bright's disease, which he doubted not, often followed the attack of pregnancy. He thought the use of diuretics was very misleading, because after their stimulating effect there was a very much increased amount of water passed, which, of course, on examination showed less in quantity comparatively than before, whereas the total amount might be equally as great. He referred to the history of three cases he had had, two of which had died. He advised the use of chloral during the convulsion, to be introduced, if necessary, by the stomach tube. He had seen veratrum viride for ten or fifteen minutes as recommended, to reduce the pulse rate, but in this case it did not succeed in doing so.

Dr. REEVE, in speaking of the affection of the eye when this condition of albuminuria was present, stated that in some cases the defect in vision was only transient, being due to no organic change in the eye, but simply to a poisoning of the centres. In other cases retinitis was present, which was a serious complication, causing, in some instances, permanent blindness. In such a case it would be better to induce premature labor than to allow the mother to become blind.

Dr. WRIGHT closed the discussion.

Amputation of the Arm.—Dr. PRIMROSE presented an arm which he had removed that evening from a newsboy. The boy had slipped under a street car. The little finger was completely crushed, and the distal epiphysis of its metacarpal separated. The skin was completely separated from the whole circumference of the arm below the elbow. There was a combined fracture at the elbow, the periosteum being denuded and T-shaped into the joint. There was also dislocation at this joint.

Dr. CARVETH moved, seconded by Dr. GREIG, that a meeting be called by the President of this society of the officers (President, Secretaries and Treasurers) of the medical societies in Toronto, including the Board of the Ontario Library Association, for the purpose of securing a central meeting room.

Dr. MACHELL said, as the hour was late, and a number of members having retired, that he thought it would be wise to postpone the discussion of this motion till the next meeting. This was acceded to.

A letter was read from Dr. SPENCER in which he suggested that the Committee be appointed by the Ontario Medical Society to negotiate with the telephone company for the purpose of securing more favorable terms for telephone by the profession. A committee consisting of Drs. Machell, Carveth and Spencer, was appointed to do this work. The meeting then adjourned.

Toronto Clinical Society.

President, DR. J. E. GRAHAM, in the Chair.

THE thirtieth regular meeting of the Toronto Clinical Society was held on the 8th of April.

Tubercular Disease of Femur.—Dr. PRIMROSE presented a femur, which he had removed by amputation at the hip for tubercular disease of the hip-joint.

Hereditary Syphilis.—Dr. BAINES read a paper on "Hereditary Syphilis." (See page 149.)

This was discussed by Drs. Primrose, Oldright, Trow, Graham and Britton.

Roentgen Rays.—Dr. E. E. King read a paper on "Roentgen Skiagraphy." Dr. Roentgen's discovery had not been published to the world until its practical value had been determined. To medical men it would be of great aid in the diagnosis of obscure bone lesions, and of the location of foreign bodies in the limbs, possibly also of discovering kidney calculi. The essayist then gave a little description of the apparatus used to produce the skiagraph. Following this he gave an extract from an article by Professor Schubert, which contained an historical review of the progress of electrical science. Dr. King showed some pictures of foreign bodies which were skiagraphed through the hand and arm—needles, a piece of lead and a piece of glass. One skiagraph showed a small piece of metal in the distal end of the first phalanx of the middle finger which was causing considerable annoyance. He had cut down and removed the body. Some ten months previous a needle had penetrated the finger and broken off. A medical man was consulted at the time, but she thought the broken piece was not entirely removed. He had also succeeded in making a skiagraph of a three months' fœtus, which clearly defined the centres of ossification. He had also made one of a wrist on which an excision had been performed, which gave a clear outline of the joint.

Drs. Britton, Primrose, McDonald, Aikins and Oldright took part in the discussion.

The nomination of officers was then proceeded with: President, Dr. Allan Baines; Vice-President, Dr. A. A. Macdonald; Corresponding Secretary, Dr. D. C. Meyers; Recording Secretary, Dr. J. N. E. Brown; Treasurer, Dr. N. Walker; the Executive Committee, Drs. E. E. King, A. Primrose, B. Spencer, H. B. Anderson and W. P. Caven.

Dr. GREIG moved that the by-law, in regard to notice of motion, be suspended, as he had a motion to make which, in order to be carried before the end of the year, would have to be moved that evening. Seconded by Dr. Oldright. Lost.

Dr. GREIG then gave notice that he would move at the next meeting that a committee be appointed to confer with committees of the other medical societies and the Board of the Ontario Medical Library Association, for the purpose of making arrangements for a central meeting place. The society then adjourned.

Editorials.

Ontario Medical Association.

THE programme of the above Association is well in hand. The discussion in medicine will be on "Treatment of Phthisis," by Dr. W. B. Geikie, Toronto; Dr. Geo. Hodge, London, and Dr. W. B. Thistle, Toronto. The subject for the discussion in surgery will be "The Operative Treatment of Carcinoma," by Dr. W. Burt, Paris; Dr. A. B. Welford, Woodstock, and Dr. G. T. McKeough, Chatham. "The Treatment of Puerperal Sepsis" will be the topic in obstetrics, by Dr. H. T. Machell, Toronto; Dr. G. Acheson, Galt, and H. Meek, London.

The following papers have been already promised: "Occipito-Posterior Presentations," by Dr. Albert A. Macdonald, Toronto; "Diphtheria," by Dr. C. R. Charteris, Chatham; "The Rational Treatment of Typhoid Fever," by Dr. J. P. Armour, St. Catharines; "The Differential Diagnosis of Typhoid Fever," by Dr. G. R. Cruickshanks, Windsor; "Abortion," by Dr. F. R. Eccles, London; "Anæsthesia," by Dr. Crawford Scadding, Toronto; "Skin-grafting" (patient to be shown), by Dr. R. Whiteman, Shakespeare; "The Total Stamping out of Transmittible Diseases," by Dr. A. Groves, Fergus; "Mitral Diseases in Pregnancy," by Dr. C. J. O. Hastings, Toronto; "The Roentgen Rays in Surgery," by Dr. E. E. King and Dr. N. A. Powell, Toronto. Also papers by Dr. A. McPhedran, Toronto, and Dr. J. M. Cotton, Lambton Mills.

Dr. Victor Vaughan, of Ann Arbor, has consented to be present. Dr. T. McGraw and Dr. D. MacLean, of Detroit, have been invited.

The Committee of Arrangements are making elaborate preparations for the entertainment of the members.

We understand the railroads will make a specially good rate this year all along the line from Montreal to Windsor. The C.P.R. intends giving the delegates a special through car service. There should be at least five or six hundred in attendance this year. The dates of meetings are June 3rd and 4th. The Secretary, Dr. J. N. E. Brown, 137 Church St., Toronto, will be pleased to receive titles of papers, or applications for membership.

THE Organization Committee of the "International" Medical Congress has at last consented to allow the English language recognition as one of the official languages at the Moscow meeting.

THE University of Würtzburg has conferred the honorary degree of Doctor of Medicine on Prof. Roentgen.

* * *

COUNT MATTEI, whose "remedies" for cancer and other ills became widely known a few years ago, died on April 7th in Bologna.

* * *

SIR WILLIAM MACCORMAC has received from the Prince of Wales the appointment of Medical Officer-in-Chief to the St. John Ambulance Brigade.

* * *

DR. JOSEPH SPAETH, the well-known gynæcologist of Vienna, died recently. He was for many years head of the second Clinic of Midwifery and Gynæcology in the University of Vienna.

* * *

THE June number of the *Buffalo Medical Journal* will be a woman's edition. The entire magazine will be the work of female physicians. We look with great interest for the issue.

* * *

DR. SIR RUSSELL REYNOLDS, owing to indifferent health following three attacks of influenza, retired from the presidency of the Royal College of Physicians. Dr. Wilks was elected to this position of honor.

* * *

PROFESSOR MARIANO SEMMOLA, of Naples, died April 5th. He studied in Paris under Trousseau and Bernard, and was a close friend of Charcot. His last literary work, completed only a few weeks ago, on diseases of the liver, was written for the *Twentieth Century Practice.*

* * *

THE COMING PRACTICE OF MEDICINE.—*Maryland Medical Journal* says: Now, the coming practice of medicine is to be in a large part the more careful handling of chronic diseases; such handling takes time, and as soon as the laity realize that a physician will do better work who manages but a few patients, the better it will be for all concerned. Educate the people to know that, except in cases of emergency, which we are always prepared for, the office work is to be done at certain hours in one place and the doctor will have more rest and time to see his family, bring up his children in the way they should go and receive the admonitions of his wife.

Dr. Edward Frankland will preside at the meeting of the British Association, which will be held in Toronto next year, in succession to Sir Joseph Lister. H.R.H. the Prince of Wales has expressed his regret that he will be unable to be with us on the auspicious occasion.

* * *

A Post-Mortem Examination for Medico-Legal Purposes.—The order given by the coroners in England states as follows: "You are required to make or assist in making a *post-mortem* examination of the body, which shall comprise an examination of the viscera, of the head, chest and abdomen, and if necessary an analysis of the contents of the stomach, and report thereon at the said inquest." The examination in all cases should be a complete one.

* * *

Exposure of Meat in Front of Shops.—In New York the exposure, in front or within a store, of fish, game, meat or poultry is prohibited under a penalty of from $100 to $500. A law of this kind should be in operation in every State, that the dangerous practice of decorating the exteriors of markets with quarters of beef and the carcases of lambs, calves, pigs and poultry, where they are exposed to undue heat much of the time and to the bacteria-laden air all the time, should cease.

* * *

Skin Lesions.—Walter Smith makes the following summary regarding skin lesions: 1. Very few diseases are directly traceable to dietetic causes, but improper diet may aggravate existing eruptions. Idiosyncrasy must be largely allowed for. 2. The diseases that may so arise are of a transitory character and mostly belong to the class of erythemata. 3. Diet has very little influence in promoting the cure of cutaneous eruptions. The results are far behind popular expectation, even in such cases as acne rosacea, where we are led to hope for much. 4. Avoidance of alcohol, regulation of the bowels and the cure of anæmia are of infinitely greater importance than special dieting in the management of diseases of the skin.

* * *

Royal Commission on Tuberculosis.—The report of the Royal Commission on Tuberculosis in England shows conclusively, says the *British Medical Journal*, that the using of milk from tuberculous udders is quite as serious as the most pessimistic had imagined; that the infective bacilli, originally in the milk, are found in butter and other milk products, and give rise to tuberculosis in those that partake

of them ; that the presence of tuberculous glands and foci in meat may prove dangerous by being disseminated through the eatables by infected butcher knives being used ; that the bacilli may be only partially devitalized by cooking, as shown by the frequency of tonsillar tuberculosis in pigs. The precautions indicated are to weed out all tuberculous animals from stock, dairies and markets, and the confiscation of all tuberculous carcases. To this end the registration of slaughter-houses, cattle-sheds and dairies should be enforced, and inspection made by skilled veterinary men. Tuberculin is recommended as a diagnostic agent.

* * *

THE TREATMENT OF ACNE.—Dr. E. B. Bunson, in *New York Medical Journal*, March 28, expresses the following views : As to the causes of acne, there are the constitutional and the local. The former contains errors in diet, dyspepsia, constipation, menstrual derangements, bad habits, faulty nutrition, sexual irregularities, anæmia, plethora, etc. The local are atony of the follicle and inability to expel its contents, obstruction from lanugo hairs, the sebaceous matter being too thick, and thus accumulating, and an over-production of the horny cells in and about the follicles. The treatment calls for the following indications : The reduction of the hyperkeratosis, the removal of the comedones, the disinfection of the follicles, and the employment of such local and general anti-phlogistic measures as the case may require. In the treatment of acne, the curette should be used. The comedones are removed by some form of extractor, Clover's comedo presser being a good one. Where there is much horny epidermis, the following may be employed : Vinegar, 2 parts ; glycerine, 3 parts ; white bole or kaolin, 4 parts. The curetted surface should be well disinfected. For this purpose use bichloride, 1 in 1,000, or carbolized water. For home dressing, sulphur or resorcin suit best.

* * *

THE TREATMENT OF CYSTITIS.—Dr. LeRoy Long, of Caddo, Indian Territory, in *International Journal of Surgery* for April, remarks under treatment of cystitis that uva ursi, buchu, pareira, copaiba, cubebs and other urogenital remedies are of very doubtful utility. Antiseptic treatment occupies a first place. By the mouth boracic acid and salol are the most useful. In many cases of cystitis, the urine is acid when it enters the bladder. To correct this acidity some alkali should be given. This is true for all cases with a sensitive bladder and acid urine on entering the bladder. On account of the debility in these cases chalybeates are of much value, and tincture of iron seems to have more than a merely tonic action.

It appears to have a beneficial action on the mucous membrane of the organ. Good has been obtained from the administration of ammonium chloride. The local use of antiseptics must take first rank, however. Draw off the urine, then wash the viscus with sterilized water, after which boracic acid gr. 10 to ʒi. or carbolic acid 1 to 500, or bichloride 1 to 15,000, or nit. silver gr. 11 to pint, or hydrogen peroxide may be resorted to from time to time.

* * *

Trephining for Meningeal Hæmorrhage.—Dr. F. J. Shepherd, of Montreal, in *British Medical Journal*, April 11th, reports a case where a man aged 30, had received severe injuries to his head by being thrown off his wheel. Forty minutes after the accident he was brought into the hospital in an unconscious condition, with pulse 84, respirations 25, and temperature 100.2 F. On admission he vomited freely, and soon regained consciousness. There was a wound of three inches down to the bone on the left side of the head, just behind the coronal suture, and over the anterior superior portion of the parietal bone. There was a fissured fracture and slight depression. There was slight ptosis, and the left pupil was more dilated than the right. Sensation, motion and the reflexes were unimpaired. The day following he was not so well, and the right sight became paralyzed. The reflexes were impaired on the right side, and increased on the left. The head was shaved, the patient etherized, and a portion of bone at the upper end of the wound removed by the trephine. A second trephine opening was made at the lower end of the injury. When the clot was removed there was furious bleeding, which came from the artery passing through the foramen spinosum, as this was torn by the line of the fracture, which now he traced. It was decided to tie the common carotid. This was quickly done, and divided between two ligatures. When the bleeding had ceased, all the clots were well washed out. The space at the base of the wound was well packed with iodoform gauze, and the rest of the wound closed. Over this was placed sterilized gauze and a firm bandage. On leaving the table, the pulse 180 to 198 and respirations 30 to 40. A large enema of hot saline was given. This reduced the pulse to 140. By evening the patient was again conscious and could converse. Next day his pulse was 120 and respirations 20. There was some paresis of the left side and much oozing of blood from the wound. The packing was removed on second day, when there was a very free bleeding. The wound was quickly packed. The patient was very ill for some days, but he then began gradually to improve, and ultimately made a good recovery.

The Graduates, 1896.

TRINITY UNIVERSITY, FACULTY OF MEDICINE.

THE following gentlemen have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from this university:

G. S. Cameron, J. R. McRae, H. Clare, W. J. Beatty, W. H. Weir, E. S. Hicks, G. V. Harcourt, D. Jamieson, N. J. Tait, V. A. Hart, C. H. Millbee, G. W. Barber, P. G. Goldsmith, Miss T. G. Head, C. H. Brereton, J. S. Nedd, J. J. Elliott, J. Gibbs, W. M. Teetzel, W. A. McIntosh, W. S. Harper, J. H. Rivers, H. S. Roberts, S. H. Corrigan, J. H. Allin, A. W. M. Row, F. J. Hart, G. Welch, Miss M. H. Irwin, J. H. Oliver, J. D. Weir, E. H. Lapp, A. Ruppert, Miss A. Verth, J. B. McMurchy, R. H. Foster, W. G. V. Forbes, J. P. Lee, P. S. Maclaren, W. H. Taylor, A. A. Beatty, C. R. Sneath, C. H. Sills, C. H. Smith, L. H. Marks, T. H. Bell, E. B. Boyes, E. Doan, J. H. Dancey, T. H. Caldwell, A. F. Reynar, H. G. M. Nyblett, W. A. Kurtz, G. B. Mills, R. Moore, J. B. Thomson, E. A. Fraser, J. McDonnell, G. Krausmann, and J. S. Shurie.

QUEEN'S UNIVERSITY, MEDICAL DEPARTMENT.

THE following will obtain the degree of M.D.: J. Boyle, B.A., Gananoque; P. McG. Campbell, B.A., Admaston; J. J. Downing, B.A., Kingston; A. Embury, Belleville; J. C. Gibson, M.A., Kingston; H. N. Gillespie, Barriefield; C. H. Hudson, Belleville; W. H. Irvine, B.A., Kingston; A. W. Irwin, Kingston; A. W. Jones, Watertown, N.Y.; W. B. Rayler, Morrisburg; W. D. Lyle, Morrisburg; A. A. Metcalfe, Almonte; T. F. Mooney, Kingston; H. G. Murray, Kingston; J. F. Macdonald, Kingston; C. McPherson, Prescott; E. W. Teepell, Watertown, N.Y.; B. E. Webster, B.A., Kingston.

MEDALLISTS.—H. G. Murray and P. McG. Campbell are the medallists of the year.

UNIVERSITY OF MANITOBA, FACULTY OF MEDICINE.

M.D.

Carmel Lorenzo Davidson, B.A., Louis Simeon Gendreau, B.A., Edward Lorne Jackson, John Thornton Mutchmor.

M.D., C.M.

John Brown, B.A., George Edmund Curtis, John Ralston Davidson, B.A., Thomas Grant, Joseph Andrew Hall, B.A., George

Henderson, M.A., Lewis A. Knight, Robert Macgregor, M.A., James Russell McRae, Alexander Stewart Monro, Arthur Percival Procter, George Wilber Staples, Bernard Samuel Story.

BISHOP'S MEDICAL FACULTY.

M.D.

George Hall, Ernest J. Addison, Mary B. Fyfe, James J. Benny.

McGILL UNIVERSITY, FACULTY OF MEDICINE.

M.D., C.M.

The following gentlemen have taken the degree of M.D. and C.M.:

E. W. Archibald, B.A., J. F. Argue, C. R. Ault, S. Bonnell, J. M. Brathwaite, P. Brunelle, F. B. Carron, C. H. Church, H. M. Church, J. L. Churchill, B.A., P. Colquhoun, B.A., F. A. F. Corbett, B.A., R. H. Craig, A. P. Crocket, G. R. Deacon, J. E. Dewar, M. Donahoe, L. Drum, B.A., F. J. Duckett, F. B. Elliott, G. H. Ellis, R. B. Ewan, J. A. Ferguson, C. Findlay, E. C. Fish, W. M. Fisk, A. D. Fraser, H. B. Fraser, B.A., A. F. Foss, A. Goltman, A. J. Grant, D. Grant, G. Hartin, D. J Healy, E. V. Hogan, B.A., W. B. Howell, E. R. Hughson, A. D. Irvine, F. E. L. Johnston, H. W. Keith, J. K. Kelly, H. G. Kemp, W. N. Kendrick, W. D. Lambly, S. E. Lauder, F. J. Lee, P. C. Leslie, D. P. Lynch, R. H. Martin, R. Mason, R. W. Mitchell, B.A., W. A. Moffatt, E. B. Moles, L. R. Morse, B.A., W. Mowatt, B.A., F. W. Macartney, J. J. F. Macaulay, D. Macpherson, D. D. MacTaggart, B.A., A. W. McArthur, H. K. McDonald, D. McEwen, A. V. McGannon, D. Patrick, A. H. Prescott, W. A. T. Robertson, G. D. Robins, B.A., R. O. Ross, B.A., J. P. Ryan, E. J. Ryan, J. H. Secord, W. Smellie, R. B. Shaw, T. J. Slack, S. R. B. Smith, R. E. G. Smith, B.A., W. H. Smyth, B.A., F. S. Spearman, O. C. S. Stackhouse, C. A. Staples, B.A., C. P. Steeves, B.A., J. A. Sutherland, J. Tees, B.A., T. Tetreau, F. L. Thompson, T. S. Tupper, J. F. Warren, F. H. Wheeler, R. White, W. S. Wood.

MEDALS AND PRIZES.

The Holmes Medal is awarded to George Doug ıll Robins, B.A., of Montreal, Que.

The Final Prize is awarded to George Reginald Deacon, of Stratford, Ont.

The Clemesha Prize is awarded to Robert Oswald Ross, B.A., of Rossville, N.S.

The Clinical Chemistry Prize is awarded to Frederick Burke Carron, of Brockville, Ont.

The Senior Anatomy Prize is awarded to William Oliver Rose, of Lakeville, P.E.I.

Personals.

Dr. G. Sterling Ryerson expects to return from Europe and resume practice about the middle of June.

Dr. Garratt and Dr. W. H. Harris, of this city, leave on the 12th for a few months' visitation to the hospitals of England and the continent.

Dr. J. T. Duncan, of this city, has retired from general practice. On his return from a protracted course of study he will confine himself to special work.

Dr. W. H. B. Aikins was, at the last regular meeting of Toronto University Senate, elected to represent the medical graduates in the place of the late Dr. Laughlin McFarlane.

Dr. J. Campbell, late of Seaforth, has located at 669 Leonard St., Brooklyn. He will be greatly missed at the meetings of our various medical societies, for he was one of the most active of members.

Selections.

Puerperal Sepsis.—In a recent lecture upon the after-treatment of puerperal sepsis, Dr. Davis remarked that ergot and strychnine were indispensable drugs. Twenty drops of the fluid extract of ergot with $\frac{1}{60}$ of a grain of strychnine sulphate are to be given every six hours, night and day. Good whiskey is to be given in large doses to combat fever and prostration and to keep up the nourishment.—*Philadelphia Polyclinic.*

* * *

Effects of Formalin and Formic Acid.—A. H. Pilliet (*Le Progrès Médical*) states that formalin is only slightly toxic, although a powerful antiseptic. To cause fatal results it must be given subcutaneously in doses of 0.25 gramme per kilogramme of body-weight. The effects of formalin and formic acid were found to be identical in so far as these produce lesions. These latter consisted principally of intense congestion, with evidence of cellular irritation and vacuolization, but no necrosis. These conditions were noted chiefly in the stomach, intestines, kidneys, liver, spleen, and supra-renal capsules. In one case the heart muscle was involved.—*Medicine.*

FACIAL PARALYSIS.—Dr. Neumann (*Neurol. Centralb.*) says that the special liability of the facial nerve to be affected is due not so much to its exposed position, else the ulnar should often be affected, but to the large number of lymphatics and lymphatic glands surrounding it at its exit from the stylo-mastoid foramen. Stagnation of lymph would favor morbid changes in the neighboring nerve, and such stagnation would be particularly likely to occur at night; hence the frequency of nocturnal onsets.—*Medical Record.*

* * *

ACUTE AND SUBACUTE LARYNGITIS.—In cases of acute and subacute laryngitis, as diagnosticated with the laryngoscope, the symptoms being hoarseness, dysphagia and more or less burning of the throat, Dr. Gibb advises the following: Zinc sulphate, 20 grains; Powdered starch, 1 ounce. This is applied by insufflation through a suitably curved nozzle, directly to the parts affected. Its action is that of a strong astringent. A 2 per cent. solution of argentic nitrate may be applied to the affected parts, in conjunction with the above treatment. —*Philadelphia Polyclinic.*

* * *

THE typhoid bacillus retains its vitality even when dried for a long period. According to some experiments of Uffelmann, it retains its virulence when kept in dry earth for twenty-one days; in street-sweepings, thirty days or more; in sand, eighty-two days; on wood, thirty-two days; and on linen, over sixty days. The microbes retain their power of growth still longer in moist media. Uffelmann asserts also that typhoid bacilli may be carried by the air as well as by the clothing, and that they are thus capable of infecting milk, water, and various foodstuffs, and that typhoid fever is therefore not solely a water-borne disease.—*Medical Record.*

* * *

A WARNING TO DOCTORS.—We all know how difficult it is to keep back anything from one's wife. If she suspects that "hubby" knows anything of a confidential nature about any of his pretty patients she has a thousand ways of getting it out of him; and she always vows most earnestly that she will not tell. Too often hubby yields to the pressure. It may be that he compounds with his conscience, and justifies himself with the figure of speech "better half," or "man and wife one"; and again, a secret may be so great as to require two to keep it, he says. At any rate, has a doctor the right to take his wife into partnership with his professional secrets?—*Texas Medical Journal.*

RETROFLEXION.—Theilhaber (*Monats. f. Geb. u. Gynäk.*, October, 1895) denies the necessity for any radical cure for retroflexion. The symptoms attributed to it are, in his experience, rather due to atony of the bowels, neurasthenia, metritis, endo-metritis, or other diseases than to retroflexion. Orthopædic methods do no good, but much benefit is derived from symptomatic treatment. Obstruction is not in his opinion caused by the displacement, and he has treated ninety-five cases, most of them with atonia coli, without any reposition : only two were intractable. Women with retroflexion do not seek medical advice unless they suffer from hæmorrhage or leucorrhœa, and the metrorrhagia or nervous disturbances are due to other causes than the faulty position of the womb. Finally he protests against the number of vaginal fixations, admitting the necessity for the operation only in cases of prolapse.—*British Medical Journal.*

* * *

SALOL AND ANTIPYRINE IN THE TREATMENT OF UTERINE HÆMORRHAGE.—Berman (*Allg. Wiener med. Ztg.*, *Ctrlbl. f. Gynäk.*, March 15, 1896) gives an account of Labadie-Lagrave's method of using intra-uterine applications of a mixture of salol and antipyrine as a hæmostatic. Equal quantities of the two drugs are heated together in a test tube over a lamp until a deep-brown mixture forms. As soon as this has cooled sufficiently, a film of cotton on an applicator is dipped into it and passed into the uterine cavity. This is done two or three times in succession. The procedure is said to be painless and not to be followed by unpleasant effects. It is said also that a second resort to it is rarely necessary. Labadie-Lagrave has been using it since the year 1893, and with better results than with any other method. In cases of fungous endometritis, the application should be made after curetting. It is not only hæmostatic, but also antiseptic, and tends to prevent a relapse.—*N. Y. Medical Journal.*

* * *

GUAIACOL IN DISEASES OF THE BLADDER.—Colin contributes an important article on the treatment of cystitis by guaiacol (*Jour. de Med.*, January 26th, 1896). He finds that the injection of guaiacol carbonate has a very marked influence upon the pain, frequency of micturition, and the state of the urine in all forms of chronic cystitis. He mentions particularly cases in which tuberculous cystitis was greatly benefited by the use of this drug. The form in which he employs it is a 20 per cent. solution in olive oil, 1 to 2 gr. of this being injected once or twice daily. He also recommends the addition of iodoform 1 per cent., as increasing the efficacy of the treatment. The author

believes that the carbonate is superior as an anæsthetic and antiseptic to guaiacol itself, the only drawback being that it is much less soluble; and he believes that in this drug we have a very important addition to our means of treating chronic cystitis.—*British Medical Journal.*

* * *

Lumbar Puncture of the Meningeal Cavity.—Gaibissi (*Gazz degli Osped.*, February 22nd, 1896) has practised this operation ten times in seven different cases, and although it could not be said that the patients were materially improved by the operation, yet in no case was there any evil result, and there was generally some slight amelioration in the symptoms. The author prefers to puncture in the fourth lumbar space and with the patient seated and bending forward. An ordinary exploring syringe from 8 to 10 cm. long serves the purpose well, and from 10 to 60 or 80 c.cm. were withdrawn, according to the nature of the case, and whether the fluid was taken for diagnostic or therapeutic purposes. The seven cases are briefly reported. The fluid (25 c.cm.) from a case of tuberculous meningitis, when injected into a guinea-pig, caused its death from tuberculosis. After puncture the patient's headache lessened, subsultus ceased, and the pupils became more active to light. Staphylococci and Fraenkel's diplococcus were respectively found in other cases.—*British Medical Journal.*

* * *

Achylia Gastrica.—Dr. A. Rose, of New York, in the *Post-Graduate* for April, gives this name to the condition where there is marked deficiency or absence of gastric juice and pepsin. There is water-brash, and often vomiting in these cases. The stomach is often distended. In the diagnosis of these cases a chemical examination of the contents of the stomach is necessary. In these cases there is sometimes diarrhœa, sometimes constipation. The absence of gastric juice may be caused by phthisis, pernicious anæmia, cachexia senilis, or cancer of the stomach. In the treatment of these cases medicines per os are of very doubtful value. The stomach should be washed out in many cases. Faradization of the stomach is helpful in some. Large enemata of olive oil, 1 pint at a time, at longer and longer intervals help materially to regulate the bowels. This remedy was suggested by Dr. Fleiner, of Heidelberg. Farinaceous food, oatmeal, rice, farina, a little meat well masticated, koumyss are the main articles of diet. In these cases when the stomach is fasting it is empty; the contents show during digestion neutral or weak acid reaction. There are found large amounts of mucus, and there is no fermentation.

Miscellaneous.

PRYER—"What medical college is your physician a graduate from?" GUYER—"Medical college! Huh! He's no medical college fledgeling. He's a graduate of the jury which listened to the expert testimony in a great poison case."—*Puck.*

* * *

THE teacher of the infant class at the Sunday School, to interest the little ones, had begun to tell the story of the fall of man, when a mite of a girl was heard to exclaim, half aloud: "Oh, I'm so tired of that story about the Adamses."—*Ex.*

* * *

BACKACHE.—It has never been in evidence why a woman's backache should generally be attributed to pelvic disease. Men have backaches and they are not uniformly attributed to genito-urinary trouble. It seems that the practitioner might treat the owner of a backache as a patient, not as a woman.—*Kansas City Medical Index.*

* * *

TUBERCULOSIS IN ENGLAND.—According to Dr. Murrell, from 50,000 to 60,000 people in England and Wales die annually from pulmonary tuberculosis, and another 50,000 from other tuberculous diseases. From 1848 to 1880, 1,702,002 deaths were registered due to phthisis, the majority being young adults. No other disease claims an equal number of victims.—*N. Y. Medical Record.*

* * *

ILLINOIS CENTRAL HOSPITAL FOR THE INSANE.—I have repeatedly prescribed antikamnia for various neuroses with good effect. Recently prescribed it in a case of crampous enteritis, patient adult, highly nervous, and during continuance of paroxysms, and preceding it, is nervous and hypochondriacal, suffering intense pain. The case is one of long standing, and one where opium was objectionable, because of the tendency toward forming opium habit. However, opium has been used, but the effect of antikamnia has been more magical, more persistent, and followed by no digestive disturbance, as has been the case when opium was used. My directions have been to use antikamnia whenever a paroxysm occurs. Have also found it invincible in protracted neuralgia.

FRANK P. NORBURY, M.D.

Jacksonville, Ill., September 19, 1891.

DOCTORS' PATIENTS.—We believe that, when a physician whose honor and integrity is unquestioned can demonstrate to the profession that he has accomplished a great undertaking, he should not only be allowed to retain his secret, but he should also receive their support. If we insist that the world should have the benefit of our labors, then let the Government make provision for a just remuneration.—*Kansas Medical Journal.*

* * *

MEDICAL MEN TO AVOID.—The one who has acute exacerbations of insanity when exposed to any new fad. The one who is always successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well and is always ready to discuss any paper of the evening. The one who is always the first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician.—*Medical Record.*

* * *

WHEN you meet an employee of Parke, Davis & Co., whether on the road or in the house, you meet an enthusiast. He does love to expatiate on the wonderful growth of "his" firm—the number of its laboratories, branch houses, agencies, and representatives; its twenty-nine distinct lines of pharmaceutical preparations and its six thousand different products. It reminds you of John Bright waxing eloquent in the House of Commons over his favorite theme—the prosperity of the United States. But there is good ground for his enthusiasm and for marvel at the amazing success of this firm. Recently they have opened two new branch houses to satisfy the rapidly growing demand for their preparations—one at New Orleans and another at Baltimore. The price list which Parke, Davis & Co. are now distributing, and which suggested these reflections, is an admirable catalogue in its completeness, convenience of arrangement, and wealth of miscellaneous information. By all means write the house for a copy. And remember, too, that the products of this firm are so many weapons for your assistance in the perpetual, harassing warfare with disease—weapons upon which you may rely through thick and thin, in emergencies as well as in routine practice. Their label on a bottle or box means that the contents have been prepared with the utmost skill, and with scrupulous deference to purity and activity.

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* * *

Sudden Death after Injection with Diphtherin Antitoxin Serum.—On April 9th last a startling paragraph in large type appeared in the Berlin papers. Professor Langerhans, prosector at the Moabit Municipal Hospital, announced the sudden death of his infant son, aged 1 year and 9 months, as *caused by an injection of Behring's antitoxin serum, given to immunify.* Next day the announcement of the day and hour of the funeral appeared, with the words: "The funeral of my beloved child, *poisoned by the Behring antitoxin serum,* will take place," etc. The words in italics were printed in the most conspicuous large type. Inquiries elicited the following facts: One of Professor Langerhans's maidservants had been attacked with diphtheria, and had been taken to the Moabit hospital. On the advice of several of his hospital colleagues, and as a prophylactic measure, an "immunising" injection was given the child by Professor Langerhans himself, and a few minutes later the little fellow, up to then the picture of health, was a corpse. Needless to say that the case caused immense excitement, both in medical and lay circles. For twenty-four hours Berlin literally rang with it. The serum antagonists found their worst fears verified; its adherents sought an explanation in some unfortunate accident, embolus, nervous shock, etc. In the meantime the authorities intervened, and an inquest was ordered, and took place on April 10th. The *post-mortem* examination was performed by Professors Strassmann and Nittenweig, assisted by Geheimrath Schmidtmann. Besides these official personages, only Langerhans himself was present. The examination gave no further clue to the sad mystery, but it proved that the serum injection had been performed quite correctly and without any mischance in a fold of the skin of the abdomen, and that no blood vessel nor lymph vessel had been injured by it. That further, the child, though perhaps slightly lymphatic, was perfectly healthy and every organ normal. The coroner returned a verdict, "Cause of Death Unknown," and allowed the corpse to be buried. But portions of the body and some blood were sent to Professor Ehrlich to be examined bacteriologically, and the remainder of the serum from which the fatal injection had been taken is likewise to be examined by the government analyst. I may add that the serum was taken from a quantity of about ten litres (representing more than 1,000 portions), which was prepared and officially tested four months ago, and of which the greater part has probably been used up in injections.—*British Medical Journal.*

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* * *

ANECDOTE OF DR. LEIDY.—Dr. William Hunt, the famous surgeon, tells the following anecdote concerning the venerable doctor: The only instance I ever knew of Dr. Leidy's departure from strict truth was, to a medical man's way of looking at it, a very amusing one. Some years ago he came to my house in quite an enthusiastic mood, and said: "Dr. Hunt, do you know that they are moving the bodies from a very old burying-ground down town to make room for improvements?" "Yes," I said. "Well," he went on, "two bodies turned into adipocere are there (this is an amoniacal soap, and the bodies are commonly called petrified bodies). They have been buried for nearly a hundred years; nobody claims them, and they would be rare and instructive additions to our collections." "All right; I shall be delighted." So Leidy went down to secure the prize. When he spoke to the superintendent, that gentleman put on airs, talked of violating graves, etc., so the discomforted doctor was about to withdraw. Just then the superintendent touched him significantly on the elbow and said: "I tell you what I do, I give bodies up to the order of relatives." The doctor took the hint, went home, hired a furniture wagon, and armed the driver with an order reading: "Please deliver to bearer the bodies of my grandfather and grandmother." This brought the coveted prizes, and the virtuous caretaker was not forgotten.—*Medical Record.*

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Vol. III. JUNE, 1896. No. 6.

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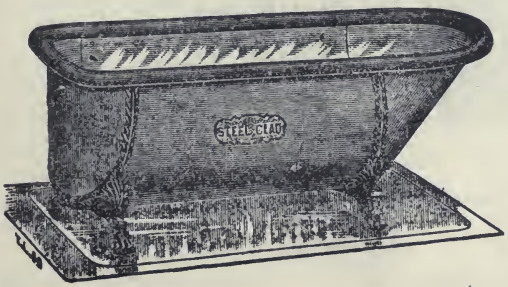

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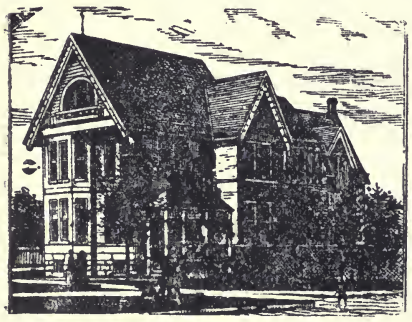

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VOL. III. TORONTO, JUNE, 1896. No. 6

Original Communications.

Diseases of the Oral Mucous Membrane.*

BY E. HERBERT ADAMS, M.D., D.D.S., TORONTO.

A VERY large proportion of the micro-organisms of disease at present known to medical science have been found in the oral cavity.

One authority alone (Miller, of Berlin) has isolated over one hundred different kinds of bacteria.

Among the nutrient material which bacteria find in the human mouth are saliva, buccal mucus, dead epithelial cells, tooth cartilage, the dental pulp, exudation of the gums and accumulations of particles of food. Many mouth bacteria in neglected mouths are carried with the food into the stomach, there to produce many complaints of the digestive tract, for all processes of fermentation and putrefaction depend on the presence of micro-organisms.

The mouth serves as a breeding place for the specific germs of many diseases. Among these are diphtheria, syphilis, tuberculosis, pneumonia and typhus.

*Read at meeting of Toronto Medical Society.

Diphtheria bacilli have been found in the saliva of healthy people, thus proving that the saliva is not inimical to the life of this dread germ. Mild and even advanced cases of diphtheria and the various forms of tonsilitis are not unfrequently found in patients occupying the dentist's chair.

The pneumonia coccus is also found in the mouths of healthy people, while a primary tuberculosis of the mouth seems to indicate that the tubercle bacillus occasionally finds a favorable abode in the fluids of the mouth.

The mouths of consumptives, too, who are expectorating much, are peculiarly prone to contain immense numbers of these germs, and dental instruments may easily be the means of transferring the germs to the mouths of healthy persons.

In regard to syphilis, leaving out sexual intercourse, the great majority of infections from this disease take place from the oral cavity. The oral fluids seem not only to be non-destructive to the syphilitic germs, but to serve as carriers of the poison.

Many cases are recorded of syphilis being transmitted by dental instruments. L. Duncan Bulkley (on "The Dangers Arising from Syphilis in the Practice of Dentistry") has enumerated many such cases. Dalles, Otis, Lancereaux, Giovanni and others have recorded cases where chancre of the lip occurred two or three weeks after dental operations. Lydston, Roddick and Parker have recorded cases of syphilis following tooth extraction.

Dentists and physicians themselves have been inoculated by scratching their fingers on a patient's tooth. Bulkley relates thirty cases where syphilis was caused by tooth-wounds, by bites and blows on the teeth. Veritable epidemics have occurred by infection with saliva of syphilitic patients. In several cases recorded a large number of persons have been inoculated by tattooing, the instrument used having been moistened with the saliva of a syphilitic person.

In view of these facts, it is of the utmost importance that dentists should exercise greater cleanliness in their instruments, and should be more practically experienced in reference to the manifestations of disease in the human mouth.

And now, let us consider some of the more common diseases of the oral mucous membrane:

Stomatitis, inflammation of the mouth, is due to mechanical, chemical and bacterial causes. As mechanical causes are the sharp edges of broken and carious teeth and ill-fitting dentures, etc., chemical irritation may come from highly-spiced foods, alcoholics, tobacco-chewing and excessive smoking, or from acids or alkalies, etc., taken

into the mouth. Mercurial stomatis may occur from the use or abuse of mercury in medicine. Infection of various kinds plays an important part. There is usually redness, swelling and increased secretion. Here and there little vesicles appear which burst and leave superficial ulcers. It may be acute or chronic.

The treatment is absolute cleanliness of mouth, etc. Listerine, one in four, one or two teaspoonfuls of a 1 per cent. solution of permanganate of potash to a glass of water, a 2 per cent. solution of chlorate of potash, or a 1 or 2 per cent. solution of carbolic acid are useful mouth-washes.

If there are superficial ulcers they are touched with strong carbolic or lunar caustic. In this way healing will be aided.

Ulcerative Stomatitis, as the name signifies, is a disease of the oral mucous membrane, with superficial necrosis and the consequent formation of ulcers. The disease is frequently epidemic in jails and other public institutions.

The disease usually attacks the gums of the lower jaw first, gradually spreading thence to neighboring portions of the lips and cheeks. The tongue and palate are generally not much affected, though often the seat of a simple catarrhal inflammation. The gums are swollen, spongy and red, and bleed easily. The breath is very offensive. It is very difficult to take nourishment. There may be marked constitutional symptoms. There may be moderate elevations of temperature, particularly in children. If not treated, disease sometimes becomes chronic.

The treatment is similar to simple stomatitis, and consists of antiseptic mouth-washes, etc. It is important to administer laxatives if necessary, and to keep the stomach in good healthy condition. Brilliant results can be often obtained by judicious treatment.

Aphthæ, or Aphthous Stomatitis, is a name given by physicians to several distinct things. Many doctors and dentists call every disease aphthæ in which there are white spots on the buccal mucous membrane, greyish white and of small size, unless made larger by the confluence of several into one another. They usually have a narrow red areola and are most numerous on the edges and dorsum of the tongue and on the frænum, but they also occur on the lips and cheeks. In addition to the genuine aphthæ there are almost always the signs of a common stomatitis.

The disease occurs chiefly in children, and at the time of the first dentition. The disease is not rare in adults. Many individuals seem especially liable to it, and very frequently have little white and often very painful spots here and there on the tongue, or elsewhere in the mouth.

The treatment is antiseptic washes and local application to the ulcers of carbolic acid, nitrate of silver or nitric acid. Care should be taken in making strong applications only to touch the diseased part.

Thrush is a disease principally of children, and is produced by a bud-fungus, the saccharomyces albicans. In adults it occurs with rare exceptions, only after exhausting diseases.

The infection is caused by inhalation of germs from the air, or more commonly by contact with affected objects. Uncleanly sucking bottles afford an excellent medium for the development of bud-fungi, which are rather widely distributed. The growth of the fungus is as a rule restricted to the mucous membrane.

In an acute case of thrush the mouth is hot and the patient feverish. The inflamed surface presents numerous characteristic whitish patches which often coalesce. If the growth is abundant it is easy to scrape off the upper layers and make the diagnosis by aid of a microscope.

The treatment is chiefly prophylactic—good air, food and cleanliness in nursing and in mouth and feeding bottle.

The bud-fungi do not flourish in an alkaline media, and wiping the mouth on a cloth dipped in an 8 or 10 per cent. solution of bicarbonate of soda is all that is necessary in mild cases. A solution of borax one in thirty is also good. Honey should not be added to the borax as is often unwisely done.

Acute Glossitis, or inflammation of the tongue, is generally due to the sting of a bee or a wasp, or a severe burn or cauterization. A severe case in my own practice occurred last summer. A boy was eating bread and jam, and in doing so a wasp, which was also indulging in the jam, was taken into the mouth. A severe sting in the tongue resulted. In a few minutes the tongue was enormously swollen and protruded from the mouth; the entire cavity of the mouth was filled with the swollen mass. The pain, too, was intense and much anxiety was entertained by his father lest the larynx should also became swollen and fatal dyspnœa result. A 5 per cent. solution of cocaine immediately relieved the pain, and sucking of ice soon lessened the swelling.

Mucous Patches in the mouth are an affection belonging to secondary syphilis. They occur generally during the middle and later period of secondary syphilis, but may occur at any time during the secondary stage. They may even occur very early, associated with the affection of the throat and other parts of the interior of the mouth, with the first outbreak of the eruption and with the falling out of the hair.

Mucous patches are usually multiple, and generally accompanied by other signs of secondary syphilis. Occasionally, however, a single patch occurs on the border of the tongue, and for the time, at least, no other sign of syphilis is present. They may occur on the mucous membrane of the lips, cheek, palate, tongue and tonsils. On the tongue they may form on any part, on the dorsum, borders, tip, or under aspect; but they occur more frequently on the borders than elsewhere. They may be met with at any age, for they belong to the congenital as well as to the acquired syphilis; but they are more often seen on the tongues of young adults than at any other period of life. They may be found in both sexes, but are more often observed in men than in women.

The appearance of mucous patches varies greatly. The typical mucous patch is generally rounded or oval in form, and without irregular edges. They are, however, often modified much by external irritants or rubbing against the teeth. It is sharply defined, and is generally greyish white in color. Immediately beyond the border of the patch the tissues are quite natural; there is no redness or swelling unless there is accidental inflammation. Occasionally the patches under the tip of the tongue, and in places where they are little disturbed or irritated, are warty in appearance, of a dead white color, and slightly elevated.

The patches usually begin as a small, slightly raised, white grey spot, and as it causes no pain, is often unnoticed for some time. Several small patches may coalesce, and thus form a large, irregular patch. If untreated, they may last months, with little apparent change. The *diagnosis* is comparatively easy. To those who have seen them, the patches themselves are characteristic. In doubtful cases, the accompanying signs of syphilis are important. They may be mistaken for aphthous stomatitis, cucomata or wandering rash.

In aphthæ and mucous patches there are white patches, but the white patches of aphthæ belong almost exclusively to children, or to adults suffering from severe illness, while the white patches of syphilis occur almost exclusively in adults who are in good, or at least not in bad health. The white patches of aphthæ are surrounded by bright red areolæ; those of syphilis are peculiarly free from any sign of surrounding inflammation, unless they have been irritated or are accidentally inflamed. Aphthous ulcers are acute, mucous patches are chronic. The presence of other secondary signs of syphilis are of course a crucial test.

Under the heading of leucoma, leukoplakia, psoriasis, ichthyosis,

tylosis, keratosis, plaques, opalines are understood white and bluish white patches and plaques, affecting for the most part the tongue. These may be generally called under the one head *leucoma*, meaning a whiteness or white opacity of the surface of the tongue. The *smokers' patch* belongs to the same class of disease, and is probably only an early stage of these affections.

The diagnosis of mucous patch from leucoma depends partly on the difference in the color of the patches, which are not pearly like leucomatous patches but greyish white, as if they had been painted over with a nitrate of silver stick. Mucous patches occur more often on the borders, leucoma patches on the dorsum of the tongue; mucous patches are much more often deeply ulcerated than leucoma patches. Leucomas when thick and white and raised, and therefore more likely to be taken for mucous patches, are as a rule much harder and drier than mucous patches. Leucoma usually runs a very chronic course; mucous patch a fairly acute course.

The treatment of mucous patches is local and general. The general treatment is principally mercury in the form best adapted to the patient, together with hygienic treatment.

The local treatment is often brilliant in its results, and a ten-grain solution of chromic acid is perhaps as productive of as good results as anything. At the same time, all sources of irritation in the mouth, such as a carious tooth, etc., should be removed.

Tertiary syphilitic plaques are comparatively rare, and have been little described, but are supposed to be the cause of the deep fissures and furrows one sees in old disfigured tongues following tertiary syphilis. The diagnosis is easy, especially as there are usually other signs of syphilis present. The treatment is iodide of potash, five or ten grains three times a day.

Pyorrhœa Alveolaris is a disease with which the general practitioner is not, as a rule, specially familiar, and yet it has attracted probably more attention among dental surgeons than perhaps any other disease of the oral cavity with the exception, of course, of decay of the teeth. It is a disease the pathology of which is still a matter of dispute, but is probably of a parasitic nature and has been variously known under the names of phagedenic pericementitis, Riggs' disease, blennorrhœa gingivæ, periostitis alveolo dentalis, symptomatic alveolar arthritis, etc. It consists in a chronic suppurative inflammation of the periosteum with more or less severe inflammation of the gums and necrosis of the alveolar process of the diseased teeth. It begins, as a rule, slowly and with a slight redness of the gums at the neck of the tooth which cannot be distinguished from a simple inflammation of the

gums, such as is often caused by tartar. In the majority of cases tartar is actually present. Soon the suppuration of the membrane surrounding the tooth causes a separation of the tooth from the gums, and the gums appear swollen and dark red or bluish red in color. Pressure on the loose gums causes a discharge of pus. As the process advances the margin of the alveolar process becomes absorbed and decomposed, and the gums may recede, exposing the root of the tooth. A loosening of the teeth now becomes noticeable, which, if not properly treated, causes the teeth to drop out of their sockets, or to become so troublesome as to make removal necessary. The length of time required to produce such serious results varies from a few weeks to many years.

It is generally a disease of adult life, but not invariably so, and many claim that it is a systematic disease, and it has been frequently observed as a concomitant in rheumatoid arthritis, mollites ossium, scrofula, catarrh, rachitis, etc. Others claim that it is undoubtedly a local disease merely. This much is certain, that it is very much aggravated by local irritants such as particles of food wedged between the teeth, tartar, broken sharp edges of teeth, etc., and that the removal of all such untoward conditions are imperatively necessary for contending against the disease.

The prognosis is almost always unfavorable in the end. In the front teeth a marked improvement can be made, if not a perfect cure, but it is necessary to keep track of the case by appropriate treatment two or three times a year as there is a pronounced tendency to recur. The chance of preserving the molars is much less hopeful.

Many consider the prognosis of this disease as always unfavorable. Personally I do not agree with this view, and certainly in the cases which have come under my observation, the disease has been almost invariably arrested in its course. It is always well to employ systemic treatment if there is any general debility or signs of systemic disease.

The local treatment consists in a thorough cleansing of the roots of the teeth. Thoroughness in the removal of deposits is all important in treatment, and to secure perfect success smooth-edged scalers should be used. In advanced cases an incision should be made in the gums parallel to each root, and the root cleansed after which dilute nitric or sulphuric acid should be applied. Antiseptics and astringents are also of great importance and should be continuously used, and where there are pockets of pus between the gum and the root they should be syringed with an antiseptic solution after each meal.

Clinical Notes.

Extra-Uterine Pregnancy Operation.*

BY J. SPENCE, M.D., TORONTO.

MRS. L——, aged 34, married twice; the mother of one living child. Her first husband was a rough sailor. During two years of married life with this husband she suffered from recurring attacks of vaginitis, which were no doubt gonorrhœal. Was a widow for ten years. Was married to second husband a little over a year. Her menstrual periods were regular, the last beginning December 24, 1895, on which occasion she suffered much more pain and had a greater loss than usual. She was obliged to go to bed but got up Christmas day, which was the second day of her illness. She was very ill in February, had frequent attacks of vomiting and faintness. She suffered most in the night, vomiting much more continuously than during the daytime; said she had to take some food before rising in the morning to prevent fainting.

I saw the patient, for the first time, on the 4th April, the present month. I found her in bed, pale and distressed looking. She complained of pain in pelvic region and constant attacks of vomiting, inability to eat and so on. On examination I found slight fever, a hard swelling in the pelvis easily felt, especially on the right side, rising considerably above the brim of the pelvis. There was tenderness over the abdomen.

On vaginal examination I found a soft patulous os diverted to the left side. The uterus was very hard and fixed. There was a very tender and hard swelling in Douglas' cul de sac, most marked on the right side. There was white desintegrated shreddy discharge in the chamber, which the patient said came away with great pain when she sat on the chamber to pass water. She said the discharge came in pieces and fancied they came from the bladder. At this time there were no symptoms of collapse. I strongly suspected extra-uterine gestation but was unable to make a very positive diagnosis. However, I advised her to go immediately to the hospital for operative treatment. At this time she would not entertain the idea of hospital treatment. I next saw her on the 14th, and found an exaggerated condition of all the symptoms, including very severe pain, more

* Reported at meeting of Toronto Medical Society.

marked swelling in the pelvis, more persistent vomiting and a considerable bloody discharge from the vagina. I urged her to come to the hospital. On the 22nd she consented to go into the Western Hospital. On the 23rd she entered and was seen by Dr. Macdonald and myself immediately after she entered. She was still vomiting and very weak. Assisted by Dr. Macdonald I operated at 10 a.m. 24th. We found dark blood clot showing through before the peritoneum was opened. The hæmorrhage had been large, was entirely intro-peritoneal, the pelvic peritoneum being full of clots and dark liquid blood in which the fœtus and placenta were lying unattached and came out at once. There appeared to be no new hæmorrhage. We tied off the adhesions and stopped bleeding points, flushing with hot saline water, and packed with iodoform gauze and dressed wound in the ordinary way. The patient took chloroform well and came from under the effects without pain or vomiting. She kept about the same till 3 a.m. on 25th, and then began to sink. She died about eight o'clock, twenty hours after the operation.

The *post-mortem* showed the dressing almost dry in the cavity, and we believed that an earlier operation would likely have saved the life of our patient.

Typhoid Fever.—Dr. Louis Henry, Melbourne, Australia, in the *Medical Age* for 11th May, 1896, claims that meat broths and milk greatly favor the growth and development of the typhoid bacillus. It is of little use to employ intestinal antiseptics while such nourishment is supplied to the patient. Instead of meat, broth, eggs and milk he orders fruit acid, fruit pulp, and vegetable infusions. The results obtained from this method of treating the patients have been very gratifying. Many acid fruits contain some nourishment, which is sufficient for the patients to sustain life during the early period of the disease. The dietary consists, in addition to the above, of barley water, rice infusion and oatmeal water. As a jelly, Iceland moss is recommended. Towards convalescence a combination of ground malt, wheat flour, potassium bicarbonate and water is of much value. This is warmed and stirred until it becomes thick. In a short time this becomes thin, and should be boiled and strained through muslin. A mixture of quinine, gr. ss. to gr. i. in chlorine is preferred as an intestinal antiseptic. For heart failure ether is frequently repeated. Strychnine is given hypodermically up to gr. $\frac{1}{10}$, and atropine by the mouth.

Society Reports.

Toronto Medical Society.

The regular meeting was held May 14th, 1896.

Injury to Flexor Tendons.—Dr. PETERS presented a butcher whose right hand was in a semi-flexed condition. Some months previous the patient had attempted to drive the knife he held in the hand down into the block, the little finger being lowest on the handle. His hand slid down over the blade. The flexor tendons were severed of the little, middle and ring fingers. The tendons were stitched at the time of the accident. The wound healed well, but there followed only limited movement of the fingers. He complains of pain when he endeavors to straighten the fingers. The most serious condition, however, is his inability to flex the fingers. Dr. Peters thought there would be no danger in operating by incision to ascertain the condition of affairs. If the ends of the tendons were already approximated, no harm would be done; and, if not, a longitudinal incision might be made and the ends brought together, even though there might be a subsequent adhesion of the sheath with the tendon.

Erythema Multiforme.—Dr. MCPHEDRAN presented a child from the Sick Children's Hospital suffering from erythema multiforme. Was admitted 24th March. A week before a rash came out over its limbs, extending over the face and the trunk. It was itchy and patchy. Gradually grew worse. It appeared first as an erythematous eruption, becoming afterward bullous. There was a great deal of irritability of the conjunctiva and of the larynx, the latter causing a troublesome cough. The temperature was variable (chart shown), running as high as 105. Beside the bullous condition, numerous vesicles were to be seen.

The Aikins Splint.—Dr. PETERS gave a demonstration of Aikins' splint in treating fractures of the humerus. This splint, he said, was devised by Dr. W. T. Aikins, and was the best splint for any and all fractures of the humerus he had yet seen. He had seen no similar splint described in any work in surgery. The material used was ordinary hoop iron 1⅛ inches wide. Heavier or lighter strips might be used, depending on the age of the patient. Sufficient of the band was taken so as to make a posterior arm extending from the shoulder to the elbow, a continuation of the arm at the shoulder being bent down and across the chest eight or ten inches, and a continuation at

its bend at the elbow along parallel to the forearm, flexed at right angles, for several inches, say to the wrist. In the original splint the upper limb ran along the acromion process and spine of the scapula for five or six inches. The lower limb, running parallel with the forearm flexed, should be, say, three-quarters of an inch away from the arm, so that when the upper limb is made firm to the chest and shoulder extension may be made from the lower limb by bandaging the forearm tightly to it while extension is being made on the muscles that run parallel to the humerus. This was the great feature about the splint. It allowed nature's splints—the muscles, fasciæ, skin, blood vessels and nerves to act as factors in the retention of the fragments in their proper position. The advantage this splint had over others was, that it might in all cases be applied immediately, though the fracture might be accompanied by a great deal of swelling, or even be a compound fracture. The inflammatory condition of the wound might be treated as readily with the splint in position as though there was nothing applied to the arm at all.

To make the application of the splint plain he applied it to a subject in the presence of the members. He pointed out that it should be well padded in all points, and made perfectly comfortable. To retain it to the chest and shoulder the best thing was a good wide strip of adhesive plaster, each strip which was used should first make one complete turn around the limb of the splint before being attached to the skin.

Dr. OLDRIGHT spoke of the value of this splint in treatment of fractures of the surgical neck. By its aid the lower fragment could be prevented from being drawn inward by the pectoralis major and the latissimus dorsi. He had used the apparatus and could speak in the highest terms of its efficiency.

Dr. CAMERON said that by putting the arm into the flexed position there was danger of exaggerating the carrying angle, which would interfere as much with the carrying angle as though it were straight. Normally the arm and forearm should be in parallel planes when the arm is flexed.

Locomotor Ataxia.—Dr. B. E. MCKENZIE presented a man aged 52 who had lived, so far as was ascertainable, a regular life, excepting in the use of tobacco. He had suffered from ulcers of the toes, which for a number of years would not heal. They had now healed, however. About a year ago his right knee began to swell. This was accompanied by œdema of the leg. A marked knock-knee was produced by the increased swelling in the tuberosities of the tibia. The patient was unable to walk without assistance, nor could he stand

with his eyes closed. The Argyle-Robertson pupil phenomenon was present. The patellar reflexes were absent.

The opinion of members present was that this was a case of locomotor ataxia, with a Charcot's joint.

Dr. HAY read a paper on "Observations of Abdominal Surgery from a Model Sanitarium."

Editorials.

Dispensary Practice.

ATTENTION has been called, in England and in the larger cities of the United States, to features of this form of practice that call for and have received the unmistakeable reprobation of the medical journals of those countries. In this city these same features that call forth the condemnation of the press are easily discernible, and doubtless in other centres of population in Canada they exist to a greater or less degree.

We have in Toronto many free dispensaries, and as the years go on they are becoming more noticeably active. Without enumerating them we may say that there are nine or ten in this city, all of which have been started and are supposed to be carried on for the special purpose of affording medical relief to the poor; in other words, to those unable to pay a physician for his advice and treatment. We are not at present able to say how many people are treated per diem in these places, but we know that the number is very large.

That a great deal of good is done to the deserving poor no one can deny, but on the other hand can any one assert that the cases of fraud and imposture that come under the supervision of the dispensary attendants are not too numerous. For example, a woman who had been prescribed for, in order to pay the nominal sum of five cents charged for her medicine, presented a five dollar bill to the person appointed to receive the money, and waited for her change. Another woman in disrobing carefully laid down a valuable gold watch and chain before she could undergo the necessary auscultation required. The writer has received two dollars for visiting a patient who had been receiving free attendance at a city dispensary. This patient was willing and able to gratify her desire for a little change of treatment.

We have shown enough to satisfy the most skeptical that there is a tendency to abuse our charities. To the general practitioner this

condition of affairs is very oppressive, but the only way apparently in which relief may be obtained is for the prescribing physician to discourage the attendance of patients who have the visible means of paying a moderate consultation fee. Is it to be expected that any relief will come from the specialist, who is constantly on the look-out for "chances in his line?" We feel satisfied that once having sounded the alarm by directing attention to this form of imposition, others will do their best to see the evil abated.

The Treatment of Phthisis.

THE introduction of cod liver oil was thought to mark a distinct step in advance in the treatment of phthisis. It was claimed that the use of this agent lengthened the lifetime of those affected with phthisis very materially. This statement is well sustained by the experience of everyone who has given the oil a fair trial in suitable cases, where it was well borne. But a cure it is not. Much of the good accomplished by the oil can be secured by good nourishment, such as milk, meat, eggs, etc. The value of good nourishment only became a matter of much attention since the date when the oil came extensively into use, and has now very largely supplanted it in the treatment of phthisis.

The extreme importance of fresh air in these cases has only within recent years claimed its full share of consideration. One of the advantages that comes from change of climate is due to the fact that the sufferer is enabled to live more in the open air.

Whether change of climate ever really cures a case of bacilliary phthisis or not is a disputed point. For our part we believe that a high, dry, sunny climate, such as New Mexico, does effect a positive cure in some cases where the bacilli are present, but where the lungs are not seriously damaged. In cases not so favorable as the above, life is greatly prolonged. If, however, change of climate is sought, and the person returns, he usually fails in health very rapidly on his return.

In 1882 Koch made his great discovery of the tubercle bacilli. Since then the whole line of thought on phthisis has been changed. Much attention is now paid to prevention. This is certainly in the right direction. No more excuse can be made for carelessly leaving around the sputum of phthisical people than for carelessly disposing of the stools of a cholera victim. Prevention is one of the great features in the treatment of phthisis.

Then comes the newer remedies. It is too soon yet to say how far they can destroy the bacilli. One thing can safely be said, that guaiacol and creasote and their preparations are of much service in the treatment of these patients. There is every reason to think that ere long some agent, serum or drug will be discovered that shall be able to control the germ of the disease. Be this as it may, much can be done and is being done to prevent the spread of the disease. Every effort should be made to enlighten the public on the great importance of prevention.

Ontario Medical Association.

THE Windsor meeting, to be held on the 3rd and 4th of June, bids fair to be an excellent one in points of attendance, scientific work and entertainment.

At its inception the founders outlined the objects of the Association to be: The cultivation of the science of medicine and surgery, the advancement of the character and honor of the medical profession, the elevation of the standard of medical education, the promotion of public health, the furtherance of unity and harmony among its members, and the forming of a connecting link between the various city and county societies and the Canada Medical Association.

For sixteen years these objects have been persistently pursued and the results have been most gratifying. Still there is much to be done. To this end every member of the profession should identify himself with this body. The present meeting, it is hoped, will add a greater increase in membership than ever before. There are now nearly one thousand members. If half of these attend this year, and two hundred new members are added to the Association, it will be wonderfully strengthened.

The railways are making special arrangements for the conveyance of delegates. The rate will depend on the way the members of the profession "turn out." If three hundred attend the rate will be single fare.

The entertainment, we are assured, will be unprecedented.

THE medical department of the University of Buffalo will, it is announced, institute a four years' course, to begin with the coming session.

THE physicians in North Carolina are taxed ten dollars a year.

* * *

DR. R. A. REEVE has been elected Dean of the Medical Faculty of Toronto University.

* * *

DR. RICHARDSON'S CASE.—In the extreme anxiety that prevails at present at the City Hall, the Board of Control have came to the conclusion that the services of Dr. J. H. Richardson, jail surgeon, can be dispensed with. With this decision we do not agree. Dr. Richardson has had an extensive experience of forty years as jail surgeon, and has rendered valuable services to the city in the past. There is a great difference between economy and parsimony. If the work is to be performed by the medical health department, it simply seems that more help will have to be engaged. We fail to see what good could come from any such change. We hope Dr. Richardson will be retained.

* * *

CANADIAN MEDICAL ASSOCIATION.—On August 26th, 27th and 28th next, there will be held at Montreal the meeting of the Canadian Medical Association. This promises to be one of the most important that have ever been held, owing to the fact that something definite will be done in the matter of Inter-provincial registration. Each province is sending one or more delegates to meet with the Association committee on the day preceding the meeting, and no doubt good will be accomplished. The scientific side of the programme promises well, and there will be distinguished Canadians and Americans to take part, many of whom have already promised. We all know too well how our Montreal friends can entertain, so that we can feel confident of the success of the social side of the programme.

* * *

THE CAUSES OF DEATH OF PROMINENT PERSONS.—Dr. Michel has been looking up the subject, and has collected many interesting facts. The following he believes to be accurate. Lord Bacon died of pneumonia, aged 65; Ben. Johnson, apoplexy; Benjamin Franklin, abscess of lung, aged 84; Washington, acute laryngitis, aged 67; Edward Gibbon, hydrocele, aged 57; Napoleon, cancer of stomach, Thomas Gray, gout, aged 54; Bobbie Burns, rheumatism, aged 37; Byron, heart disease, aged 36; Martin Luther, gastritis; Cromwell, intermittent fever; Sir Walter Scott, apoplexy; Shelley, drowned; Keats, consumption; John Milton, gout, aged 65; Sir Isaac Newton, stone in the bladder; Voltaire died of strangury, probably due to enlarged

prostate. Very much has been said, says Dr. Michel, by ecclesiastics, about the agony of his last days, as though it was a judgment for his outspoken agnosticism. In the days of 1778, when this condition received no treatment worthy of the name, what physicians would doubt that the last days of Voltaire, who died when he was eighty-four years old, of strangury, must of necessity have been agonizing?

* * *

Spivak advises inquiry into the condition of the nose and throat in the treatment of gastric affections, claiming that a catarrhal condition of these regions forms a nidus for various forms of pyogenic bacteria, which gravitate toward the stomach and cause injurious fermentative processes.

* * *

The Early Diagnosis of Pregnancy.—Dr. C. F. Noble, of Philadelphia, in *Philadelphia Polyclinic*, May 16th, gives the following as reliable signs by which to diagnose pregnancy during the first three months and even by the end of six weeks. The uterus is found enlarged and semi-fluctuating. The body of the uterus juts out boldly from the cervix at the front, both sides and behind. The enlargement is uniform and contrasts markedly with the size of the cervix. When the above conditions are found there is always pregnancy, as no other condition could give rise to them.

* * *

Three Warnings to Obstetricians.—Dr. J. M. Mabbott, of New York, in *New York Medical Journal*, April 11, calls attention to the three following rules: 1. Always warn a woman never to neglect any hæmorrhage during pregnancy. It is only too often that women pay no attention to hæmorrhages until the gravest injury has been done to the health. 2. Warn women not to handle the genitals after labor unless the hands have been rendered aseptic. The writer mentions a fatal case of sepsis due to this cause. 3. Warn the woman never to fall asleep with the baby at the breast. The child's face may readily roll under the breast and be suffocated. The author relates two cases where this accident happened.

* * *

Creasote in Tuberculosis.—Dr. W. F. Chappell, of New York, in *New York Medical Journal*, May 9th, remarks that he has treated thirty-two cases of tuberculosis of the upper air passages with creasote, locally applied, and administered internally. For internal use, he

prescribes beechwood creasote and compound tincture of gentian, equal parts in hot milk. In some of the cases, the amount of the creasote was increased until ninety drops daily were taken, and this without stomach irritation. For local use, he employs creasote in castor oil. For submucous injections, the physician should employ an automatic syringe. It is preferable to use a dropper, and place the creasote on the part desired, than to employ an applicator with cotton wool.

* * *

THE ACTIVE SUBSTANCE IN THYROIDS.—Dr. R. Hutchison, of Edinburgh, in *British Medical Journal*, March 21, reports his examination of thyroids was tested along with the thyroid tabloids. The sheep thyroids were separated into proteids, and proteid-free watery extracts. It was found that the proteid-free extract yielded no reaction when administered. The proteids were two in number. One was a nucleo-albumin, the other a colloid substance. The nucleo-albumin produced no effect on a patient who reacted to the tabloids. When the colloid substance was given, the same effects were noticed as when the tabloids were prescribed. It is, therefore, this colloid substance that is the active constituent of the thyroid gland.

* * *

THYROIDS IN INSANITY.—Dr. Burgess, Verdun Asylum, Que., *Montreal Medical Journal*, May, 1896, concludes his interesting paper upon the above subject with the following views: 1. The forms in which it does most good are melancholia with stupor, puerperal and climacteric insanity, and incipient dementia. It is specially those cases where improvement has progressed to a certain point and then come to a standstill in spite of treatment. 2. It is contraindicated in cases of acute mania and melancholia, where the excitement is already rapidly reducing the weight. 3. It should not be employed where there is already existing disease of the great viscera. 4. Tolerance differs very much in individuals. Five grains, three times a day, was the usual dose, and in only a few cases was this increased.

* * *

CASE OF ACROMEGALY AND TUMOR OF PITUITARY BODY.—Dr. W. L. Worcester, of Danvers Lunatic Asylum, gives in *Boston Medical and Surgical Journal* the report of a case of acromegaly and enlarged pituitary body. The microscopical examination of the body showed it to be composed of spindle cells, supplied with thin walled blood vessels, and containing numerous nodules of calcareous substance.

Autopsies on such cases have not been very numerous, but there is enough evidence to show that the enlargement of the pituitary body is not a mere effect of this disease. This case was a sarcoma of the body, and was, no doubt, the cause of the acromegaly. There are now a number of cases on record that go to prove that the disease in the pituitary body is origin of the acromegaly.

* * *

The Evil Effects of Expert Testimony.—Dr. Morton Prince, of Boston, in *Boston Medical and Surgical Journal*, April 30th, has a timely article on the injurious effects of expert testimony on traumatic neuroses. Many cases of hysteria arise from traumatism and are a frequent source of litigation. During the process of these cases, there is much medical examination. The woes, present and prospective, of the plaintiff are given with all the latest improvements. The terrible effects of organic disease of the brain and spinal cord are dilated upon in court. This must be far from beneficial to these patients. In some of these cases they do not recover from their hysteria or neurasthenia for a long time after the trial. No organic disease can be discovered. In these cases the delay in the recovery is due to the evil effects of the evidence given at the trial.

* * *

Ptomaine, or Alkaloidal Poisoning.—Dr. Maurice A. Bruce, of Philadelphia, in *Philadelphia Polyclinic* for April, 1896, points out that deficient intestinal peristalsis causes fæcal stasis. This leads to an anæmic condition of the mucous membrane and insufficient gland secretion. These changes are followed by a catarrhal condition and decomposition in the chyme. Peptone itself has been shown to be a poison of considerable power. Febrin, when digested by artificial gastric juice, yields a poison known as peptotoxin. Some of these poisons act like curare, others like digitalis, atropin, or picrotoxin. The nature of alkaloidal products varies with the stage of decomposition. At first the poisonous action may be slight, at a later stage more virulent, but still later they may become broken up and inert. In atonic gastric catarrhs, with flabby, tooth-marked tongues, there may be given the following: Tr. nux. vom., ♏xv.; acid hydrochlor., dil., ♏xx.; essence pepsin, ʒss; tr. calumbæ, ad ʒii. To be given before meals. In the neurasthenic, with over-secretion: Bismuth subgallate, gr. v.; salol, gr. iii.; ext. nux. vom., gr. ⅙. In capsule an hour after eating.

Medical Council Examinations.

FINAL EXAMINATIONS FOR MEMBERSHIP OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

H. E. Arkell, St. Thomas; J. F. Argue, Carp; J. H. Allen, Orono; G. S. Burt, Hillsburg; T. H. Bier, Brantford; T. C. Bedell, Picton; D. Buchanan, Galt; W. J. Beasley, Weston; J. F. Boyle, A. A. Beatty, Toronto; T. H. Bell, Peterboro'; W. G. M. Byers, Ganan oque; W. J. Beatty, Glencairn; Geo. W. Badber, Hartford; C. H. Brereton, Schomberg; F. X. Boileau, Sturgeon Falls; J. F. Basken, Dun Robin; T. H. Blow, South Mountain; G. H. Berry, Gananoque; B. G. Connolly, Trenton; D. T. Crawford, Thedford; H. Clare, Chapman; P. M. Campbell, Admaston; J. G. Cranston, Arnprior; F. B. Carron, Brockville; D. A. Cameron, Wallacetown; Jennie Brennan, Kingston; Geo. R. Deacon, Stratford; J. B. Deacon, Pembroke; Geo. A. Elliott, Owry; A. T. Embury, Belleville; J. J. Elliott, Brantford; Geo. H. Ellis, Dondela; C. Pindlay, Hamilton; A. E. Gardner, Belleville; Wm. Goldie, Ayr; Charles Graef, Clifford; Jos. Gibbs, Meaford; P. G. Goldsmith, Peterboro'; J. C. Gibson, Kingston; N. B. Gwyn, Dundas; A. J. Grant, Pembroke; W. J. Henderson, Little Britain; F. W. Hodgins, A. G. Hodgins, Lucan; E. S. Hicks, Port Dover; Geo. V. Harcourt, Port Hope; C. D. M. Heydon, Toronto Junction; W. W. Jones, Mount Forest; J. K. Kelly, Almonte; J. P. Lee, Toronto; D. P. Lynch, Almonte; Geo. Musson, Toronto; J. S. Morris, Oshawa; J. A. Marquis, Brantford; J. A. Malloy, Preston; W. J. O. Malloch, Meaford; A. H. Macklin, Stratford; H. G. Murray, Kingston; A. A. Metcalfe, Almonte; C. S. McKee, Peterboro'; A. S. McCaig, Collingwood; W. A. McIntosh, Simcoe; J. R. McRae, Lochalsh; S. H. McCammon, Kingston; J. P. McConnell, Toronto; W. H. Nicholl, Brantford; J. H. Oliver, Sunderland; J. R. Phillips, Northfield, Minn., U.S.A.; J. W. F. Purvis, Lyn; E. L. Robinson, Toronto; J. H. Rivers, Sarnia; E. L. Roberts, Lyndoch; J. A. Rannie, Chatham; H. H. Ross, Clinton; Christine Sinclair, Ottawa; J. A. Sutherland, Toronto; I. G. Smith, Ridgetown; F. C. Steele, Orillia; W. J. Stevenson, London; C. H. Thomas, Toronto; N. J. Tait, St. Thomas; J. S. Thorne, Belleville; Annie Verth, York; A. Webb, Kettleby; S. H. Westman, Toronto; E. B. White, Chatham; B. E. Webster, Kingston; W. H. Weir, Brantford.

PRIMARY EXAMINATIONS.

E. C. Ashton, Brantford; N. B. Alexander, Toronto; W. H. Bennett, St. Mary's; F. X. Boileau, Sturgeon Falls; J. T. Basken, Dun Robin; M. Baker, Simcoe; T. H. Blow, South Mountain; B. C. Bell, St. George; F. H. Bethune, Seaforth; Jessie Birnie, Collingwood; J. A. Butler, Toronto; G. H. Berry, Gananoque; D. A. Cameron, Wallacetown; J. G. Cranston, Arnprior; F. B. Carron, Brockville; M. Crawford, Toronto; F. Cahoon, Picton; J. W. Crane, St. Thomas; J. E. Charlesworth, Hespeler; J. B. Campbell, London; W. F. Cunningham, Walkerton; W. J. Clark, S. B. Clemes, Toronto; Jean Cruickshank, Weston; C. N. Callendar, Toronto; E. W. Delmage, St. Mary's; J. M. Dunsmore, Stratford; J. D. Deacon, Pembroke; H. H. Elliott, Frankville; George H. Ellis, Dundela; J. L. Easton, Thornton; M. P. Fallis, Toronto; W. S. Fadden, Kingston; E. L. Garner, Niagara Falls; T. A. Grange, Newburgh; Maggie Gould, Toronto; A. J. Grant, Pembroke; J. Grant, Beaverton; R. Howey, Owen Sound; J. G. Hossack, Walsingham Centre; J. J. C. Hume, Toronto; J. S. Hogg, Seaforth; G. A. Hassard, Manilla; G. H. Jackson, Exeter; J. K. Kelly, Almonte; C. A. Lang, Granton; A. S. Lovett, Ayr; R. W. Large, King; J. E. Lundy, Preston; D. P. Lynch, Almonte; T. H. Lawrence, Sheridan; W. Moffat, Carleton Place; A. A. Metcalfe, Almonte; J. P. Mitchell, Toronto; F. Moore, Heathcote; J. B. McMurrich, Toronto; D. McEwen, Maxville; J. McCrae, Guelph; A. McDermid, Coldwater; A. R. McKay, Dungannon; T. A. McDougall, Lucan; A. J. McDonald, Caledonia; J. R. Nixon, Ashgrove; C. E. O'Connor, Kingston; S. Paulin, Chesley; J. W. F. Purvis, Lyn; R. C. Redmond, Lansdowne; J. A. Roberts, Jarvis; G. A. Sutherland, Thamesford; R. H. Smith, St. Catharines; A. W. Spence, A. A. Shepard, A. D. Stewart, Toronto; C. M. Stewart, Ailsa Craig; W. A. Scott, Toronto; W. Stephens, Trafalgar; W. J. Tillman, London; W. C. White, Woodstock; George S. Willson, Tweed.

APPENDICITIS.—"I am not always in a great hurry to operate in appendicitis, but I am more inclined to wait for the more acute symptoms to wear off, and operate, if at all, after suppuration has taken place, or during the quiescent stage between the attacks. I wish my voice was strong enough, just here, to call a halt to the men who say, 'Operate at once—not this afternoon or to-morrow, but now,' in all cases when the disease is recognized."—*McGuire.*

Obituary.

Francis Rae, M.D.

VERY genuine regret is felt by the members of the profession in Ontario at the loss sustained through the death of Dr. Rae, of Oshawa, which occurred last month, resulting from apoplexy, at the age of 62. He was born in Fredericton, N.B., on July 3rd, 1833, of Scottish parentage, and some few years after that date the family moved to Stouffville, York County, where they settled permanently. Dr. Rae went through the usual course of a common school, Normal school and University education. In the interval between his public school and University course, he taught school in several places, chiefly at Stouffville and in Prince Albert. During this time he began the study of medicine, and took the degree of M.B. in 1865, and at once commenced the practice of his profession with the late Dr McGill, of Oshawa. He graduated in medicine the following year at Toronto University. He was coroner for the county from 1868; in 1882 was appointed to the Provincial Board of Health, and was Chairman of the Board for some time. He was surgeon to the 34th Battalion for years, and lately gazetted Surgeon-Major. All the important positions were held satisfactorily and filled efficiently. In politics he was a prominent Liberal. In 1887 he was the nominee of the Liberal party for a seat in the House of Commons, but was defeated. He took a lively interest in municipal as well as other matters. He was honored with the Reeveship of Oshawa from 1876 to 1880; and when the village had taken its stand among the towns, he filled the Mayor's chair from 1880 to 1886. He was a member of the Board of Education, and Chairman of the Board of License Commissioners for South Ontario, and had recently been appointed Registrar of the county.

In speaking of his funeral the Whitby *Chronicle* says: "No such spectacle was ever before witnessed in this county as the funeral on Monday afternoon. The many thousands who gathered to take part in the last sad rites, the sad faces betokening sorrowful hearts, the all-pervading humility of all, gave token of a feeling and an occasion not often witnessed in our poor lives. The trains from all directions were loaded, and from distances of twenty-five or thirty miles men drove in the burning sun of that hot day to witness the ceremonies. Lieut.-Col. Paterson summoned together the officers of the 34th Battalion and several companies of volunteers, lodges congregated

from all points, civic delegations from home and from other towns were present. Citizens on foot lined both sides of the procession all the way to the Union Cemetery, and the number moving must have been upwards of five thousand."

Book Notices.

Obstetric Accidents—Emergencies and Operations. By L. Ch. Boisliniere, A.M., M.D., LL.D. Profusely illustrated. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

This volume of 380 pages is not a treatise on midwifery nor a manual of obstetrics, but is a practical exposition of what the practitioner should do in the many perplexing cases of obstetric accidents and emergencies. Frequent references are made to French authorities, and also to cases occurring in the author's hospital and private practice extending over a period of forty years. The teaching is sound. The work is worthy of commendation.

* * *

Dietetics for Infants and Children in Health and Disease. By Louis Starr, M.D. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

This is a very useful book. It contains printed instructions for diets in health and disease. The pages are so arranged that they may be torn out and given to the nurse or mother. The diets are arranged under headings to suit all ages from birth to childhood. The blanks the physician fills in to meet the conditions of the case. The last section in the book contains printed instructions how to make diluents and foods. The book will prove very useful to the busy physician.

* * *

Diagnosis and Treatment of Diseases of the Rectum, Anus and Contiguous Textures. Illustrated with 16 full-page chromo-lithographic plates, and 115 wood engravings. Philadelphia: The F. A. Davis Co., publishers, 1896. Toronto Agency: Watts & Co., 10 College Street.

This treatise apologizes for its existence as being "concise" and "practical," and adapted to the requirements of "students" and practitioners. Besides discussing the usual lesions, the author adds chapters on "Asepsis and Antisepsis," "Rectal Reflexes," "Railroading as an Etiological Factor in Rectal Diseases," and "Anti-inflection from the Intestinal Canal." Mr. H. W. Allingham, London, writes two chapters on "Cancer" and "Colotomy." The book is light.

Physical, Intellectual and Moral Advantages of Chastity. By Dr. M. L. Holbrook, Editor of *The Journal of Hygiene and Herald of Health*, etc. New York: M. L. Holbrook & Co.; London: L. N. Fowler & Co.

It goes without saying that the advantages of chastity are immeasurably great in every respect, but little has been written upon the subject. On the other hand, the evil results of impurity are dealt with by every medical authority, as well as by the preacher and the alienist. This little work will repay its perusal by the practitioner. It deals with a subject of vital interest to the welfare of mankind, and the one great truth it endeavors to inculcate upon the physician is that no condition of health can justify advice calculated to inspire a patient with the thought that anything but degradation, both moral and physical, can result from unchaste living.

* * *

The International Medical Annual and Practitioner's Index for 1896. Edited by a corps of thirty-seven department editors—European and American—specialists in their several departments. 728 octavo pages. Illustrated. $2.75. New York: E. B. Treat, Publisher, 5 Cooper Union; Toronto: Watts & Co.

The fourteenth yearly issue of this valuable one-volume reference work is at hand; and it richly deserves and perpetuates the enviable reputation which its predecessors have made for selection of material, accuracy of statement, and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations, many of which are in colors, make the *Annual* more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best yearly résumé of Medical Progress yet offered.

Part I. comprises the New Remedies, together with an extended Review of the Therapeutic progress of the year.

Part II. includes a number of recent articles by eminent authorities: "How to Determine the Parasite of Malaria;" "The Diagnosis of Toothache and Neuralgia;" "The Remedial Value of Cycling;" "Sensory Distribution of Spinal Nerve Roots;" "Angio Neurosis;" "Life Insurance;" and "Roentgen's Method of Shadow Photography," illustrated.

Part III., comprising the major portion of the book, is given to the consideration of new treatment. It covers 500 pages, and is a retrospect of the year's medical and surgical progress.

The fourth, and last part, is made up of miscellaneous articles, such as "Recent Advances in Sanitary Science;" "New Inventions in Instruments and Appliances;" Books of the Year, etc.

The arrangement of the work is alphabetical, and, with its complete index, makes it a reference book of rare worth.

In short, the *Annual* is what it claims to be—a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price remains the same, $2.75.

Selections.

PHIMOSIS.—This is a frequent agent in causing or aggravating diseases in children. The indirect disturbances from it by reflex are often extremely puzzling and by no means infrequent; it affects digestion very seriously at times. Prolapsus ani accompanies preputial inflammation, which will also give rise to symptoms resembling those of stone in the bladder. Phimosis will aggravate the symptoms of any coexisting disease and be responsible for slow recovery in many cases, and reflex disturbances from it are of sufficiently frequent occurrence to justify a physician in making an examination of every male child for this condition.—MARTIN, in *Medical News.*

* * *

TWO PATIENTS WITH LOCOMOTOR ATAXIA WHO HAD CONTRACTED SYPHILIS FROM THE SAME SOURCE.—Marie and Bernard (*Jour. des Prat.*, Oct. 26, 1895) relate the two following interesting cases: Two friends went together to Paris in 1869, and the same evening contracted syphilis from the same woman in the same way. In 1890, one had the first symptom of locomotor ataxia, the disease showing itself first by ocular disturbances. One year later the other showed symptoms of the same disease, which manifested itself in the same manner. Two years later both were suffering distinctly from locomotor ataxia, lightning pains and incoördination having made their appearance.—*Medicine.*

* * *

RESPONSIBILITY OF PHYSICIANS.—A case recently decided by the New Jersey Court of Errors and Appeals has now laid down the rule that a physician is responsible for his own negligence. A physician, who had agreed to attend a woman in confinement, was absent from town when his services were needed, and in answer to the message sent another physician to act in his stead. Owing to the alleged improper treatment by the second physician, the child died. The physician who had originally been engaged was sued for the other's

negligence ; but the court held that a physician is not responsible for the negligence of another acting for him, who at the same time followed an independent occupation of his own. This seems to be a unique way to evade paying a fee for medical attendance.—*American Medico-Surgical Bulletin.*

* * *

Uremic Aphasia.—The uremic poison is capable of causing many curious manifestations, most of which are essentially of nervous origin. It is admitted that the differentiation of uremia from apoplexy dependent upon cerebral hemorrhage, embolism or thrombosis is at times one of the most difficult in clinical medicine. An excellent illustration of this fact is afforded by a case reported by Rendu *(Presse Médicale)* at a recent meeting of the Société Médicale des Hôpitaux. A man, 56 years old, on returning to consciousness some hours after the occurrence of an apoplectic seizure, presented aphasia and right bracial monoplegia, together with a systolic cardiac murmur. Several days later, without appreciable cause, the patient was seized with intense dyspnœa and Cheyne-Stokes breathing, while the urine was scanty and albuminous. Bleeding was at once practised and the blood found to contain an excess of urea. The patient now improved —the dyspnœa subsided, the somnolence gradually grew less, the aphasia yielded and the monoplegia disappeared.—*The Philadelphia Polyclinic.*

* * *

Guaiacol Carbonate in the Treatment of Typhoid Fever.—Dr. Arthur J. Hall, of Washington, in a letter published in the *Journal of the American Medical Association,* discusses the so-called Woodbridge abortive treatment of typhoid fever. At the meeting of the Mississippi Valley Medical Association at Hot Springs, in 1894, he says, Dr. Woodbridge, as the result of several years' experience with this treatment, recommended three special formulæ containing guaiacol carbonate to the extent of thirty-three and a third per cent. Dr. Hall says that he has tried the Woodbridge treatment in a number of cases with excellent results, and that he believes that many of the statements regarding the amelioration of symptoms are well founded. But the same excellent results have occurred when guaiacol carbonate was used alone or in conjunction with mild laxatives and enemata when they were indicated. He believes that the good results obtained should be credited to the guaiacol carbonate alone, since the other ingredients (thynol, menthol, eucalyptol, podophyllon, and calomel) were in more or less constant use before the latter had been placed upon the market, and had failed to accomplish similar results.—*N. Y. Med. Jour.*

A Newspaper Picture of Dr. Playfair.—The London *Star* thus describes the defendant in the suit which has recently caused so much excitement in London: "Dr. Playfair, the defendant in the case which is now exciting so much attention, is one of the most distinguished of living gynæcologists. The public rush to his consulting room, and his house in George Street, Hanover Square, is the resort of much talent, some rank, and a certain amount of fashion. Dr. Playfair is below the middle height, not especially attractive in appearance, and wearing thick, disfiguring glasses. In manner he is urbane, and he has a habit of rubbing his hands softly together in a way that suggests that his treatment would be gentle."—*Medical Record.*

* * *

The Lack of Professional Business.—It is safe to assert that there is an ominous decline of patronage in every department of professional work. Very few if any of the hitherto successful practitioners are overworked. The falling off of receipts averages from a third to a half of those earned in previous years. Hard times explain this in a great measure, but not altogether. The average number of sick is no less than formerly, but there is a growing disposition to avoid the so-called calamity of adding a doctor's bill to the other general and pressing expenses of household necessities. The man who formerly paid the physician a modest sum gets advice free in the dispensary, or pays a small bed fee in some of the many so-called hospital charities, and has his medical and surgical advice thrown in free of extra charge. Many of the larger hospitals are run on the cheap boarding-house plan and openly compete with the family physician by reducing medical service to the lowest level of volunteer gratuity. Promiscuous prescribing on the part of laymen is an outbreak of hereditary taint from grandmothers, and needs only the slightest provocation to bring it into full recognition as the manifestation of an alarmingly prevalent evil. Worse than all, however, are the penny-a-line prescriptions contributed by medical men and paid for by the column, always to mislead and often to harm the ignoramus who takes them at their face value. Many apothecaries, when they have not curealls of their own, peddle the doctors' prescriptions and dodge the law by refusing to do more than sell a medicine. The patients themselves do the same thing with their friends, and one prescription may serve an entire community. The intelligent layman would scorn the imputation of ignorance of the fashionable drugs. He has his own remedy for grippe, headache, and rheumatism; his own cough mixture, his own mineral water, and his own tonic. His good doctor started him in the business and he naturally claims his rights as a free and independent citizen.—*Medical Record.*

Miscellaneous.

SANMETTO IN URINARY DISEASES.—Sanmetto is my medicine for all bladder and urinary diseases. I have used it in cases of fifteen years' standing where other physicians and medicines had failed, such as catarrhs, or any irritation of either bladder, urethra or tubes running from kidney to bladder, in gleet resulting from gonorrhœa or excessive drinking, or any other form of irritation of urinary organs.

Seymour, Iowa. E. H. JONES.

* * *

HOW EUNUCHS ARE MADE IN EGYPT.—According to M. Lortet, as we learn from the *Gazette hebdomadaire de médecine et de chirurgie* for April 19th, little boys from seven to ten years old are selected for one of two horrible modes of mutilation. By the first of these methods, the entire external genitals are slashed off with one stroke of a razor, as close as possible to the pubic arch, and the little fellow is at once immersed up to his neck in fine dry sand to check the hæmorrhage. After four or five days, the victim is brought forth from the sand, and a few greased rags are applied to the wound. By the other method, the parts are crushed off with a noose of packthread. The child's sufferings, it is needless to say, are dreadful. After this procedure, he is not buried, but the seat of mutilation is simply dressed with the bark of certain species of *Acacia* that are rich in tannin. Whichever method is employed, two-thirds of the children die as the result of it. —*N. Y. Med. Jour.*

* * *

THE *London Lancet* of March 28th, 1896, says editorially:— "Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, etc., etc. It is not disagreeable to take, and may be had either in powder or tablet form, the latter being made in five-grain size. It is described as not a preventive of, but rather as affording relief to, existent pain. By the presence in it of the amine group it appears to exert a stimulating rather than a depressing action on the nerve centres and the system generally. If this be so, it possesses advantages over other coal-tar products."

The concise endorsement of the *Edinburgh Medical Journal*, which appeared in the January issue, is equally interesting. "This is one of the many coal-tar products which have lately been introduced into medicine in Scotland. In doses of three to ten grains, antikamnia appears to act as a speedy and effective antipyretic and analgesic."

Yeast Nuclein in the Treatment of Hip-Joint Disease.

In the *American Lancet* Dr. Charles W. Hitchcock, of Detroit, remarks that not all cases of hip disease are, with any fair promise of success, amenable to conservative treatment. Cases long neglected, in which erosion of the joint structures has already occurred, together with suppuration and resulting fistulæ, are not encouraging instances for non-operative measures. An early diagnosis is of the utmost importance, that the case may be taken in hand before gross and irreparable damage has placed it beyond the reach of any save the most heroic treatment.

The nucleins, says Dr. Hitchcock, are among the newer remedies that may do much as an aid to tissue-building, more especially as they are said to influence cell metabolism so as to bring about a healthy resistance to disease processes.

The germicidal properties of nuclein, he continues, have been demonstrated, and Vaughan and McClintock have shown that the germicidal constituent of blood-serum is a nuclein. Parke, Davis & Co., he says, have rendered yeast nuclein accessible to the prosession. They make it for Dr. Vaughan, and according to his formula; the solution which they supply is about a one-per-cent. solution. Of this solution of yeast nuclein, from five to sixty minims may be administered at a time. The dose may be increased gradually and cautiously from the initial dose (which may appropriately be about ten minims), regard being had to the febrile reactions, which may be decidedly marked and are to be looked out for.

He then gives the following report of a case: March 30, 1894, I first saw Miss L. C., aged twenty years, of English parentage and in this country only about two years. She is one of a family of six children. One sister died at ten months, and one sister, aged nineteen years, has of late had what is reported by letters from her home as "dropsy of the knees." The father and mother are both living and are healthy, so far as I can learn. One maternal aunt died of consumption. The patient herself is of medium size, rather rosy complexion, and somewhat delicate in appearance. The young lady gives a history of having been always well until December, 1890, when she fell on a sidewalk and struck on the left hip. The following month she fell on the ice on the same hip, which, she says, "has seemed weak" ever since this second fall, though she was able to be about as usual and tried to persuade herself that she had no serious trouble. She went to the World's Fair in the fall of 1893, and each day's sight-seeing tired her greatly. Her left knee would pain her at

night and the hip would ache; but she would not give up to it. Later, after her return home, her hip began to pain her intensely after every walk. The first pain was in the knee, and more or less still continued there, but the hip now grew so exquisitely sensitive and painful that all use of the leg had to be given up, and for three weeks before I saw her (March 30th) she had not walked at all. She was obliged to lie on the back or right side, and I found the left leg well flexed and adducted. Any attempted passive movement of the leg seemed to give great pain, and the whole region about the hip joint was so sensitive that even the lightest pressure of the finger could scarcely be borne, though at the same time the sensitive area presented nothing on inspection to attract notice. Any attempt, with the patient on her back, to extend the leg, quickly caused an arching of the pelvis to correspond to what little extension could be endured.

June 1st I applied a plaster-of-paris cast enveloping the entire left leg from the ankle up, and extending around the pelvis. The patient had not borne the confinement to bed and hospital well; she did not eat or sleep well, and was getting thin, although the hip was now very comfortable. She therefore decided to leave the hospital, which she did on July 6th.

On July 4th, under chloroform, I injected from two to four drachms of a ten-per-cent. iodoform emulsion into the joint cavity. I took this opportunity to completely flex the leg on the thigh, and the thigh on the body. There was no adhesion or resistance in either joint, and no feeling as of erosion or thickening about the hip joint. During her stay in the hospital the temperature varied from normal to 100°, but the most of the time between normal and 99.2°. The pulse varied from 76 to 110. Malt, hypophosphites, cod-liver oil, and other remedies had been given, but had not been well borne.

Extension hardly seemed called for, but I had a Thomas splint made for her—to thoroughly immobilize the joint. This she continually wore during the day, and with no discomfort save the awkwardness in sitting.

September 1st I began the systematic use of yeast nuclein, and the improvement almost from the first has been noticeable and extremely gratifying. The remedy has been administered hypodermically, and the site chosen was the region immediately around the affected hip joint. The first few injections were made daily, but the reaction seemed to me so marked that I found treatment on alternate days to be more satisfactory.

From September, 1894, to January, 1895, the case was under constant supervision and care, and correct and detailed reports were

kept noting the patient's temperature, general condition, and especially the amount of nuclein solution which was injected at each visit. At the beginning twelve minims only were used in each twenty-four hours, this being gradually increased to fifty minims with the happiest results. There were at times some pain and a burning sensation at the site of the injection. The temperature each afternoon was about 99° to 99.4°, on one or two occasions going as high as 101.2°. At the time of the last-named date the patient experienced no pain whatever in the hip, and expressed herself as feeling as well as ever. The nuclein was temporarily stopped, and I do not consider it accomplished all a continuance of it might do. The improvement has been most gratifying since I began giving the nuclein, and I think there can be no doubt that her comfort has been due, in a large degree, to this remedy. It was given with the idea that her case was probably tuberculous, and for this suspicion the family history affords us more or less ground. The nucleins are said to be of avail in incipient tuberculosis, and this seemed a good case for their use, which is, of course, as yet largely empirical. The disease process in this case certainly seems to have been held in abeyance. Whether the action of the nuclein in such a case is simply to enable the cellular elements to resist encroachments of bacilli, or whether we may hope for so strong a germicidal action as to destroy entirely the bacilli, is, I judge, a question concerning which one can, as yet, only speculate. This patient understands that she is forbidden to step on her left foot or use the limb, before next summer, and the day may then be still further postponed. I do not yet regard, or now report, the case as one of recovery, but it seems to me especially interesting as showing gratifying improvement under the use of an agent, quite new as yet, which may have a wide field of use. I hope eventually to have the young lady walking without apparatus of any sort and an evidence of what conservative treatment may accomplish, even in a somewhat unfavorable case.

In a postscript written in January, 1896, Dr. Hitchcock adds: This patient was kept under frequent observation until May. She has been very happy and grateful for her relief from pain, and it has been delightful to see her evident joy in her ability to walk without suffering. This excellent result I attribute very largely, if not entirely, to the long and persistent use of nuclein.—*N. Y. Medical Journal.*

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* * *

The Medical Press and Johns Hopkins.—Dr. Culbertson, in the *Lancet-Clinic*, has been giving us some very plain truths concerning the conduct of the local advertisers and the medical colleges, with relation to the meagre support accorded the medical journals. In a recent issue the *Johns Hopkins* comes in for a deservedly generous share of the "roast" as follows: "There is not a medical school in America that owes so much of its success to the medical press as the Johns Hopkins. The returns for this success are all blanks. It has never paid to any journal a single dollar. Not only so, but its faculty is of so superior an order that it feels under the necessity of creating a publication, that shall be all its own, and none of its pages defiled by the contributions of other physicians. The policy mentioned is narrow, illiberal, and unworthy of American citizens. There are some good things about Johns Hopkins, but they are limited, and their equal or superior may be found elsewhere. Fortunately, the kid-glove pharisee spirit of Johns Hopkins has not spread beyond the confines of that institution, where it is hoped it will remain walled in during the lives of the present generation. Let the medical press of the United States shut out from their pages absolutely the name of Johns Hopkins and every one of the faculty of that institution, and at the end of a year it might be buried, and the death return would say, died of 'dry rot.' Personally, the writer has no grievance at Johns Hopkins, but the medical profession has, and particularly that portion of it that is represented by the medical press. We neglected to mention that the highty-tighty 'Oh, mys!' of Johns Hopkins have a medical society all their loneys and by themselves, membership and attendance limited to the faculty. Ask of the winds what was ever done in that society, and the answer will be a sough—only that and nothing more."—*Bulletin A. M. P. A.*

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One fact of this kind is worth all the mere theories we can promulgate, but at the same time "practice without theory is blind," a little wholesome theory being always of vast usefulness. I shall not theorize about the action of this remedy, but remain content with the bare results given.

Yours truly,

W. C. BUCKLEY, M.D.

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